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A Guide for Voluntary Human Service Organizations

United Way of Canada
Centraide Canada

Health and Welfare Canada
Santé et Bien-être social Canada

Canada

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AN *AIDS* GUIDE

For Voluntary Human Service Organizations

Produced in collaboration with many community and national human service organizations by:

United Way/Centraide Canada
&
Health and Welfare Canada

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PREFACE

This manual is intended to provide the volunteers and staff of voluntary organizations with HIV/AIDS information. It is divided into five distinct sections dealing with different aspects of the issue facing voluntary organizations. While different volunteers and staff may have particular interest in certain sections, each section does complement the others.

ACKNOWLEDGEMENTS

"Many dedicated professionals assisted in the development of this guide which makes it impossible to acknowledge everyone individually. Particular recognition is due to the following individuals for their significant and valued assistance: Richard Bailey, Robert Burr, Richard Burzynski, Karen Cauchi, Margaret Fietz, Pauline Greaves, Lise Hardy, Rita Karakas, Louise Kekanovich, Shamin Lalani, Fran Lazar, Rick Lee, Tony Lovink, Colette Lemoine, Sabina Wasserlauf, Johanne Mousseau, Martin Padgett, John Rietveld, Margaret Shea, Valerie Sims, David Uffelmann, and Gayle Waxman."

"We would like to express particular appreciation to Nena Nera and the entire staff at the Federal Centre for AIDS for their tremendous support in the development of this guide".

Funding for this Manual was provided by Federal Centre for AIDS, Health Protection Branch, Health & Welfare, Canada.

Background

Over fifty years ago, community leaders representing business, organized labour, government, religious and social service groups began to form federations to more effectively work together to meet community needs. These federated organizations, variously called "the Red Feather", "Community Chest", and United Appeal became the precursors of what is now known in Canada as United Way/Centraide.

The United Way/Centraide mission is "to promote the organized capacity of people to care for one another." This is achieved through an annual federated fundraising campaign and allocations process designed to maximize available voluntary funds and encourage coordinated and cost effective human service delivery at the community level.

For the past five years, United Way/Centraide campaigns have been strong, averaging increases at twice the rate of inflation -- meaning more real dollars for agencies providing human services. However, over this same period of time it has become increasingly obvious that, while successful fundraising campaigns are critical, they alone are not sufficient to ensure the continuing success of voluntary agencies working to meet human needs at the community level.

Acquired Immunodeficiency Syndrome (AIDS) is one of a number of social issues that makes abundantly clear the need for all interested in human service to rekindle the spirit of partnership and work even more closely together for the good of the community.

AIDS

In April 1987, the Minister of Health and Welfare addressed executives of over 15 national agencies brought together by United Way/Centraide Canada to discuss the implications of AIDS on our organizations. Two major roles for the voluntary sector in helping the country respond humanely and effectively to the AIDS issue were highlighted:

- Developing appropriate programs and services to help meet the current and emerging needs of persons with AIDS, their partners, families, co-workers, and friends.

- Using the voluntary sector's network to educate community leaders about the disease so that they could apply that knowledge in decision-making in their professional and other capacities.

Partnership

Following the meeting, a number of national voluntary agencies expressed a desire to join forces to work with United Way/Centraide Canada in developing practical ways to respond to the AIDS challenge. In developing its strategy, the work group examined:

- What specific information do voluntary organizations need to know in developing AIDS-related policies and programs (in addition to health information generally available)?
- As experience grows among Canadian voluntary organizations in providing AIDS-related services, how can we share and build on what becomes available?
- What are the policy issues of most concern to voluntary agencies?
- What are the projected service needs?
- How to promote co-ordinated and complementary AIDS-related service delivery?
- How to encourage processes at the community level that promote communication and effective mutual assistance in program and policy development?

Purpose of the Manual

The purpose of this manual is to identify AIDS-related issues that will be of particular concern to human service agencies, to share useful information, identify resources, and continue the process of building a network of cooperation in the voluntary sector around this issue. Each organization will wish to develop its own policies to respond to its own particular circumstances. It is our hope that this manual may be of use in that process.

Leaders

This manual has been made possible through funding from the Federal Centre for AIDS. Special acknowledgement and appreciation is extended to these leaders which formed the workgroup that guided the manual's development and contributed to its content:

Boy Scouts of Canada

Canadian AIDS Society/La Société canadienne du SIDA

Canadian Association of Elizabeth Fry Societies

Canadian Council on Social Development

Canadian Hemophilia Society

Canadian Labour Congress

Canadian National Institute for the Blind

Canadian Public Health Association

Family Service Canada

Victorian Order of Nurses for Canada

YMCA Canada

YWCA of/du Canada

Developmental Process

In addition to the overall guidance received from the workgroup organizations, drafts of the manual have been discussed regionally in Vancouver, Calgary, Toronto, Montreal and Halifax. Nearly one hundred community based organizations provided invaluable assistance in giving useful advice and in identifying resources available at the local level in their parts of the country.

First Step in an Ongoing Process of Collaboration

All participants in the development of this manual see it as a first step in the ongoing process of human service organizations working together to help each other most effectively respond to the AIDS challenge. We all recognize the need to foster dialogue at the community level, to prevent

the spread of AIDS, to promote just treatment of those affected by the disease, and to collaboratively plan complementary program and funding approaches.

Participants also share the view that there can be and need to be many leaders to deal with the AIDS issue. Different agencies or groups of agencies may want to take the lead in facilitating planning coordination, training, social justice advocacy, and in the delivery of particular services. United Way/ Centraide Canada, as a national organization, will wish to continue to be one leader among many by:

- Periodically updating the information in this manual as national agencies develop new policies, programs, and approaches.
- Acting as a referral agent to organizations interested in developing AIDS-related policies and services.
- Considering new joint projects with other national organizations designed to enhance the ability of the voluntary sector to respond to AIDS.

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Cautionary Note

This manual is designed to assist organizations to deal with the social service needs raised by AIDS. Health related information about AIDS is provided only to the extent that it is necessary in order to develop sound policies and appropriate social service responses.

Medical and legal facts about AIDS contained in this manual reflect the most current and accurate information available at the time of printing and have been verified with the Federal Centre for AIDS as correct. However, scientific and legal knowledge about AIDS grows almost daily, so it is best to get the most up-to-date medical and legal facts directly from appropriate sources, such as the Federal Centre for AIDS, the Canadian Public Health Association, your provincial/municipal health authority, Human Rights Commissions and other legal bodies.

SECTION ONE

THE IMPLICATIONS OF AIDS ON HUMAN SERVICES

In this section you will find:

- **an overview of the effects of AIDS on human service provision**
- **some key implications for human service organizations**
- **a sample of human services needed by those affected by AIDS**
- **a check list for board members and staff**

Background

Most boards of directors and staff in human service organizations are aware that AIDS (Acquired Immunodeficiency Syndrome) is a life threatening disease for which there is currently no vaccine or cure, nor any anticipated in the near future.

Many are also aware that while AIDS is a life threatening disease, there are a very limited number of ways in which the AIDS virus can be transmitted. Transmission can occur through sexual contact with an infected person when effective precautions are not taken, through sharing contaminated needles or syringes, and from an infected mother to her infant, at or about the time of birth. Before the Canadian Red Cross started screening all blood and blood products for HIV antibodies in 1985, the virus could also be transmitted through the transfusion of infected blood or blood products. (For additional information on AIDS and HIV transmission see "AIDS: The New Facts of Life", prepared by the Canadian Public Health Association.)

As of August 1990, the Federal Centre for AIDS estimates that about 50,000 people in Canada are infected with the Human Immunodeficiency Virus (HIV), which causes AIDS. (For Canadian and International Statistics on AIDS, see "Surveillance Update: AIDS in Canada", a monthly issue available from the Federal Centre for AIDS.)

Because of the fear AIDS generates in others, and the discrimination experienced by those affected, many of whom are members of groups which often experience societal rejection, AIDS-related human services need to be developed with these factors in mind.

On the other hand, because the number of individuals with AIDS or who know that they are HIV antibody positive (have been exposed to HIV and developed antibodies) is still relatively small compared to projections for the near future, human service organizations have the advantage of some lead time to prepare to meet the new human needs that can be anticipated. It is vital that human service organizations work together now so that our communities will be able to respond effectively and humanely in the upcoming years.

AIDS: More Than a Health Issue

Many boards of directors and staff in human service organizations acknowledge AIDS as an important health issue. Fewer fully understand the depth of its impact on human service delivery.

The Human Face of AIDS

Persons with AIDS and those testing HIV antibody positive are more than statistics. They are people with families, co-workers, friends, and partners; all of whom, in addition to the person with the disease, often require special assistance.

Budgets

At a time of government funding restraint, and the increasing needs of an aging population, the AIDS projections mean that even greater pressure will be placed on social service budgets. This, in turn, will impact the financial resources available for every kind of human service.

Method of Service Delivery

The financial implications of AIDS-related services will occur in the context of human service delivery restructuring. The added financial pressure of AIDS will likely accelerate discussions about what is and is not a universal service, and what services are appropriate for the public, private and voluntary sectors. As numbers of clients and costs rise, sources and methods of funding will also become major issues.

All Organizations Affected

Whether voluntary organizations are currently involved in or considering AIDS-related services, all will be affected by AIDS. Every organization will need to consider appropriate guidelines for staff and volunteers and clients who may test HIV antibody positive or develop AIDS. Insurance costs and policies will likely be an issue for all.

Need for Service Variety

The kinds of human services that are drawn upon by people affected by AIDS are extensive and varied. Selected examples include:

Recreational Programs

Persons with AIDS often enjoy extended periods of good physical health. People who test HIV antibody positive may be asymptomatic for years. They want and need access to services that enhance the quality of life.

This means that increasing numbers of persons with AIDS and HIV infection will continue to be participating in programs currently offered by voluntary human services.

Counselling

Distress Centres and Information Referral agencies are receiving increased calls from the general public because of fear about contracting the disease. Families, friends, and partners of people affected by AIDS or who test HIV antibody positive are seeking counselling as well as those directly affected.

Home Support

Home support services play an important role in the case of persons with AIDS and in providing assistance to family and friends who are acting as care givers of persons with HIV infection. Such services include:

- Meals on Wheels
- "buddies" who provide friendship and act as advocates to ensure the person's needs are being met
- support for mothers with infected children
- homemaking
- visiting nurses
- daily living support
- respite care

Indeed, it is likely that virtually every voluntary organization is now providing services to someone touched directly or indirectly by AIDS. These services can often be enhanced and improved when the particular needs of those affected by AIDS are understood.

Co-ordinated Approach

In every community there is a need for human service organizations to work together on an effective response to AIDS. As well it is extremely important that there be co-ordinated planning to ensure that resources are maximized and accessible.

Of equal importance is the meeting of needs by those best able to respond. Each organization will be positioned differently with respect to prospective clients. Each can complement the others in the AIDS-related services that it provides. Furthermore, a range of delivery models may be required to most efficiently provide the best service. There is not only room, but a need for all human service organizations to play their part in helping our communities respond to AIDS.

Preventive Education

Every voluntary organization offers a network which can be valuable to educate the public about risk behaviours which transmit HIV infection. Each organization serves a particular group of individuals and has a special language which allows it to effectively communicate with its clients, staff and volunteers. Preventive education is an important responsibility that offers each voluntary organization a unique opportunity to reach people and save lives, while at the same time reducing fear and promoting understanding.

A Check List for Boards of Directors

CHECK LIST

Boards of Directors and staff in human service organizations may wish to check if they have:

- **Prepared an information and training program for staff in their organization about AIDS in the workplace (See *Section 2* for details)**
- **Developed AIDS-related personnel guidelines and employee practices (See *Section 2* for details)**
- **Examined whether any existing programs might be modified or new programs added to meet AIDS-related service needs (See *Section 3* for details)**
- **Examined how their organization might help educate the public about risk behaviors which transmit HIV infection (See *Section 3* for details)**
- **Explored psycho-social implications as they concern work-place issues and AIDS-related services (See *Section 4* for details)**
- **Contacted other organizations about help in responding to the AIDS issue (See *Section 5* for a list of organizations which may be of assistance)**

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SECTION TWO

Developing Internal Policies

In this section you will find:

- **some essential elements of an AIDS workplace program**
- **steps in developing such a program**
- **key personnel policies to be reviewed**
- **employee/volunteer safety and human rights issues**
- **a sample of AIDS-related policies**

Background

This section addresses the major concerns raised by some 75 voluntary human service organizations in regional consultations organized by the United Ways/Centraides in Vancouver, Calgary, Toronto and Montreal. Organizations participating in the consultations included both national and local agencies providing a wide and varied range of services. The values and principles expressed in this section reflect their desire for the voluntary sector to remain faithful to its tradition of meeting human needs, while responding to legitimate staff and volunteer concerns.

Guiding Universal Principles

Because this manual is written for Canada-wide distribution, it is not possible to address the specific legal requirements with which agencies must comply in various jurisdictions. Furthermore, laws related to AIDS are only beginning to clarify the numerous issues that are being raised. Therefore, in developing operating guidelines and updating operational procedures each agency may wish to seek legal counsel.

While it is important for agencies to develop policies and procedures within the context of legal requirements, it is unlikely that the driving force for voluntary organizations is government regulations.

This section, therefore, is written for the majority of voluntary organizations which will be guided by three universal principles:

- A commitment to social justice and human rights
- A commitment to protecting employees and volunteers from any real dangers to health
- A commitment to protecting the rights of infected employees

In fact, the elements covered in this section contain sound management practices that are reflected in the growing number of personnel policies and procedures being developed by leading organizations in the private, public and voluntary sectors.

An AIDS Workplace Program

Organizations across North America are finding that AIDS is an important and complex enough issue to merit a workplace program. Although each agency will wish to develop a program that reflects its own reality and way of operating, there is now sufficient experience to identify a number of elements that should be considered in all workplace programs. While these programs need to be thoughtfully developed, effective AIDS workplace programs need not place excessive demands on the organization's staff time and resources.

The Need for an Ongoing Program

Several factors make it necessary for an AIDS workplace program to be ongoing if it is to be effective:

Scientific Knowledge About AIDS is Growing

Staff will want current information. Organizations will want to ensure that their policies and procedures reflect the most up-to-date and accurate information available.

Understanding Comes in Stages

Those who have introduced educational programs at the workplace have discovered that employees need time to digest the information they receive about AIDS. Acknowledgement of AIDS as a workplace issue may be all that is accomplished at a first meeting. Facts about AIDS may be meaningfully discussed at a second meeting. Participation in discussions that generate acceptance of thoughtful policies and procedures can then follow.

Staff Turn-Over

Acceptance of fair policies and procedures related to AIDS implies more than the imposition of agency regulations on employees. With staff turn-over, many of the stages outlined above need to be repeated so that there is the same comfort level and acceptance of the organization's AIDS guidelines with new employees.

Employee Assistance

Projections suggest that someone working for your organization is now or will likely become affected by AIDS (i.e. the employee, a partner, or member of the family). An AIDS workplace program ought to affirm a commitment to protect employees and tie in with the normal employee assistance programs available through the organization. It also needs to anticipate and respond to issues that may arise should an employee at the agency become known to have tested HIV antibody positive or have AIDS.

Program Development Considerations

Some considerations in developing an AIDS workplace program include:

Program Co-ordinator

Identify a person to be responsible for putting in place an ongoing AIDS workplace program. The individual should be respected by his or her colleagues as fair and competent to deal with this multifaceted issue. If your organization is unionized a labour representative ought to be involved.

Access Outside Resources

In cities across Canada, community based voluntary AIDS organizations are in place. Most have considerable experience in providing consultative assistance in helping organizations develop AIDS educational programs and in making available good audio visuals for staff presentations. Excellent and up-to-date factual information is available from the Canadian Public Health Association and the Federal Centre for AIDS. Provincial and local health departments and the Canadian Hemophilia Society are also good sources of information. (See *Section 5* for details.)

Most organizations will find that, in addition to obtaining relevant material, discussing program options with others with experience is particularly valuable. Your nearest AIDS community organizations can generally provide such assistance as well as identify for you those voluntary organizations in your area that have already introduced an AIDS workplace program which you may wish to contact. (See *Section 5* for details of additional resources.)

Many Different Approaches

There is no one right way to develop and introduce an AIDS workplace program. Some organizations may wish to bring in knowledgeable people from the outside to hold information sessions or to facilitate discussion groups. Others may wish to use outside resource people as consultants in program planning. In this model, outside resource people may provide training to the in-house co-ordinator and his or her team so that they can present the information and lead the discussion groups themselves. The key is to involve the right people to meet your organization's need (i.e. with the credibility, knowledge base, and leadership skills necessary to respond to your organization's particular circumstances.)

Ensure Consistency

Staff educational programs, administrative policies, procedures, and employee assistance plans are all part of an overall AIDS workplace program. It is important that the philosophy and content of each of these components is consistent with the others. As one component is updated or modified, care should be taken to ensure that this is reflected throughout.

Personnel Policies

Most organizations examining administrative issues related to AIDS have found that they are already covered in existing sections of personnel policies. While separate or special treatment of AIDS in personnel policies is not generally seen by leading organizations as necessary or appropriate, it is useful to review a number of existing policies to ensure that they provide employees with adequate and fair protection.

Review Existing Policies

Existing policies to be reviewed include:

- Workplace Health Protection
- Non discrimination clauses
- Conditions of Employment
- Disability Policies (e.g. extended leaves of absence, part time/flexible work time)
- Insurance
- Conditions of Termination
- Confidentiality

AIDS Policy Statements

As part of an AIDS Workplace program, it may be useful for the agency to provide a summary of all of these policies as they relate to AIDS so that employees have a clear and comprehensive understanding of their agency's operating principles concerning AIDS. A number of leading organizations in the public, private, and voluntary sectors have done so.

Sample Policies

Organizational leaders whose sample policies are included in the appendix of this section include:

- City of Vancouver
- Petro-Canada
- YMCA of the USA (a Canadian policy is in development)

There are many factors affecting a particular organization's approach to dealing with AIDS in the workplace. Because of the need for employees to accept the policies as being appropriate to their work environment, ***it is very important to view sample policies as references only. They should not be copied or seen as a short cut to your own participatory development process.***

Each Organization is Unique

As staff and volunteers become acquainted with the facts about AIDS, they will find that in the vast majority of workplace situations, individuals with AIDS or those who test HIV antibody positive pose no risk to others. The major issues that cause employees to have concerns are the unusual or special circumstances that may occur in their particular agency. It is because of these concerns that each agency must develop its own policy with employee participation.

The two examples of "special" considerations are listed below for demonstration purposes only. Each reflects an honest and legitimate concern raised by representatives of voluntary agencies involved in the consultative process. These or similar "unique" issues will need to be worked through in developing your own AIDS workplace policies and procedures.

- What are adequate protections for volunteers and staff providing first aid services? (e.g. if someone is bleeding)
- What precautions are necessary to ensure that staff and volunteers are protected when providing services to persons with AIDS who have a history of violent behaviour?

Programming Implications

Organizations will not only want to review their AIDS policies and procedures in terms of employment issues. Each program offered by the agency should be considered in terms of both formal and informal activities that are associated with them. Also, it is important for the organization to recognize its responsibility to educate, in an appropriate way, those it serves.

Human Rights Implications

As outlined in *Section 1*, HIV infection is not easily transmissible and is preventable. There are, in fact, a very limited number of ways in which it can be transmitted. HIV infection is spread through an exchange of infected blood, semen and vaginal fluids, and from an infected mother at or about the time of birth.

For this reason, in most workplace situations there is no risk to employees when working with someone who tests HIV antibody positive or who has AIDS. From management in the Canadian banking industry to organized labour in the public sector, there is agreement that discriminating against employees based on AIDS in unwarranted. (See the appendix for the Canadian Labour Congress Statement on AIDS and the Canadian Union of Public Employees AIDS resolution.)

Safety Practices

As with the sections on personnel policies, the organization's existing safety practices should be reviewed to ensure that legitimate AIDS-related issues are adequately addressed. Suggested points for consideration:

- Provide your staff and volunteers with specific guidelines that will ensure they are adequately protected if program activities expose them to any health danger (i.e. Hepatitis B, AIDS, etc.)

- Where your programs warrant a Universal Precautions approach, ensure that infection control guidelines related to AIDS are included.

- Consider including in your guidelines approaches that staff and volunteers may use when taking health precautions that will reassure clients, so that a climate of empathy and caring is maintained.

Each organization should seek medical advice in preparing safety guidelines related to its own range of programs and services. Such medical advice is available from the Federal Centre for AIDS, the Canadian Public Health Association and provincial/municipal health authorities.

HIV Antibody Test & Employment of Persons with AIDS

The management approach being taken by leading Canadian organizations with respect to the employment of persons with AIDS and those testing HIV antibody positive is consistent with their standard operating principles. This approach reflects the sound management practice that ***an individual should be able to be employed and remain employed as long as he or she is able to perform the work.*** AIDS-related guidelines, therefore, suggest that:

- ***Individuals should not be asked if they have AIDS or have tested HIV antibody positive*** in employment interviews
- ***An HIV antibody positive test should not be requested*** as a condition of employment.

Federal and provincial human rights legislation generally reinforces this sound management approach.

Insurance Implications

All organizations can anticipate that AIDS will increase their future insurance costs. At this point in time, it is difficult to say how quickly and by how much.

One AIDS-related insurance issue now facing employers has to do with life and disability insurance policies as they relate to employee rights and the HIV antibody test.

The problem is as follows: Most human service organizations offer long term disability as part of an employee benefit plan. Most organizations make participation in the insurance and pension plans mandatory. Now, higher income employees will find that higher life insurance benefits may trigger an automatic insurance request for an HIV antibody test.

From a practical perspective, this can make the HIV antibody test a condition of employment or maintenance of employment, which would likely be contrary to organizational principles and policy. A practical solution, introduced by United Way/Centraide Canada, is to continue to require participation in all aspects of the organization's pension and insurance plan, but to make optional to employees not wishing to take the HIV antibody test lower life insurance and long term disability benefits that do not trigger the automatic HIV antibody test insurance requirement. However, since the levels below which the HIV antibody test is not required are continuously being lowered, this may not remain a viable option in the future.

Confidentiality

Organizations will want to ensure that their administration policies and internal operating practices ensure confidentiality regarding staff, volunteers and clients who have AIDS or test HIV antibody positive.

A breach in client confidentiality may lead to a successful legal suit against the organization with a resultant firing of the staff person responsible. While it is probably unlikely that your organization will have requested this information, experience suggests that in a number of instances those with AIDS or who test HIV antibody positive will volunteer the information themselves. (i.e. by staff to the executive director or personnel director, by volunteers to program directors and clients to their counsellors or service providers)

Be prepared to provide people who volunteer the information the degree of confidentiality they wish. Also, be prepared to provide support to the individual and the entire organization when full disclosure is his or her choice. All confidential documents must be secured and locked.

Accommodating a co-worker with AIDS

AIDS workplace programs need to emphasize that even after staff accept the news of a co-worker who has disclosed that he or she has AIDS, other stresses occur. As with all cases where an employee's health condition can involve absences or intermittent diminished productivity, other staff will likely experience resentment no matter how highly they regard the individual in question.

As with other life threatening illnesses, persons with AIDS have episodic periods of wellness and illness. Co-workers will experience emotional stress related to this "roller-coaster" health effect as well as the anguish due to the life threatening nature of the person's condition.

Social Justice

Whatever its specific mandate, each human service organization exists to promote the quality of human life. For most, this would be understood to carry a responsibility to advance social justice.

A range of opportunities exist for human service organizations to promote social justice related to AIDS.

Each organization can determine what actions are appropriate in the light of its own mission:

- Fair employment policies and practices
- AIDS Educational programs
- Advocacy (ensuring respect for individual human rights, such as access to quality health and social services, privacy, confidentiality, etc.)

Non discrimination

One social justice issue all organizations will face relates to whether employees and volunteers should be "allowed" to decline to work with or serve a person with AIDS or who have tested HIV antibody positive.

The situation with respect to employees is comparatively simple. It is the general policy of organizational leaders not to permit such discrimination. Most make quite clear the principle that an employee should not be able to refuse to work with a colleague or client with AIDS. However, it is equally important to ensure that clients are receiving quality service. This may mean that in some instances (eg. counselling), certain employees/volunteers who lack the necessary empathy may not be the appropriate candidates to provide the service. In addition, where necessary, specific guidelines must be in place to protect the employee against infection.

Special Consideration for Volunteers

Most people volunteering to work in human services do so because they care about people and want to help. Experience in Canada suggests that many volunteers are glad to provide services to persons with AIDS. Some, however, are reluctant to do so.

People in the voluntary sector have found that volunteers not only help those whom they are serving, but that the experience of being a volunteer almost always helps the volunteer grow as a person.

As a result, an increasing number of human service organizations are asking for volunteers to provide AIDS-related services rather than requiring all volunteers to agree to serve AIDS clients. Usually there is no difficulty finding volunteers who are then screened and trained to provide the best service to the organization's clients.

Social justice can also be advanced using this model. Volunteers often lose their initial reluctance to serve persons with AIDS when they find other respected volunteers doing so.

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APPENDICES - SECTION 2

A. Policy Guidelines re. Persons with AIDS (City of Vancouver, 1988)

B. Petro-Canada (June 1988)

C. AIDS: Operating Guidelines, Communications and Education Strategies...for YMCAs (YMCA of the USA, January 1988)

D. Policy Resolutions on AIDS (Canadian Union of Public Employees, October 1987)

E. Canadian Labour Congress:
AIDS - The Facts
- Guidelines for Workers
- AIDS and Health and Safety Laws

CITY OF VANCOUVER

General Policy Statement

The City of Vancouver recognizes and respects the rights of all its employees, rights which have been defined in law, in collective agreements and in management policies. At the same time the City recognizes its obligation to ensure the safe delivery of services to the public. In particular the City acknowledges a responsibility to employees handicapped by illness, supporting their right to pursue those activities which their condition allows including the right to continue to work.

Employees with HIV infection, including AIDS, who are able to carry out the essential duties of their jobs in a satisfactory manner without posing a health or safety hazard to themselves or others will be entitled to continue working. When their condition no longer permits productive, safe, full-time work the City will deal with them compassionately as outlined in the Personnel Guidelines to follow.

Support from civic managers will not be enough. The main support for the person with AIDS must come from fellow employees but this support will be forthcoming only if staff have accurate information which convinces them that there is no risk to their own health. The City commits itself to addressing staff concerns about AIDS through an ongoing program of education for all its employees. The program and its implementation will be discussed with the civic unions.

A low level of risk for HIV exposure may be identified in certain jobs or work locations. As these locations are identified operating procedures will be reviewed and, if necessary, modified to eliminate or minimize the risk and other appropriate protective measures will be initiated as necessary.

The Guidelines which follow are based on the fact that AIDS cannot be contracted through casual contact or workplace activities which do not involve exposure to blood. These policies are also designed to protect employees and the public in situations where exposure to AIDS virus infected blood may occur.

Policy Guidelines re persons with AIDS

1. Philosophy

The City accepts the fact that many persons with AIDS, a life-threatening illness, can perform effectively as civic employees.

In keeping with this perspective such employees will be treated as persons with a severe medical problem with full recognition that this may entail absences, functional limitations and other work effects from their disabilities.

Further, the City recognizes that persons with life-threatening illnesses may wish to engage in as many normal pursuits as their condition allows, including work. As long as these persons are able to meet acceptable performance standards and medical evidence indicates that their condition is not a threat to themselves and others, these people will be entitled to continue as members of the civic workforce.

Council also acknowledges its obligation to provide a safe work environment for all employees and to ensure the health and safety of the public it serves. Every precaution will be taken to ensure that an employee's condition does not present a health or safety threat to other employees or customers.

2. Right to Privacy and Confidentiality

The City will not require a treating physician or employee infected with the AIDS virus to report the diagnosis to the employer.

Should the employee or job applicant choose to share this information it will be recorded only on the Occupational Health Service records and will be treated with the strictest confidentiality.

Communication of this information to other civic staff will be done only with the agreement of the affected person.

Communication between the Occupational Health Service and the personal physician will occur only with the employee's consent.

3. Right to Work

The City will not deny employment exclusively on the basis of a person having an HIV infection.

A job applicant known to be infected may be accepted for employment conditional on a medical assessment of the candidate's ability to perform the essential elements of the job effectively and efficiently without endangering the health of himself/herself or others. This assessment may be carried out by the private physician but the final judgement will be made by the director of Occupational Health Services.

An employee infected with the AIDS virus will be allowed to continue working at his/her regular job until such time as physical disability impedes work performance significantly. A worker who cannot carry out regular duties effectively or safety may be reassigned to other work if such is available. A supervisor who believes that a physically handicapped employee is unable to perform the assigned duties adequately may request an examination and assessment by the Director of Occupational Health Services.

When an infected employee is no longer able to work, the City's sick leave, medical leave of absence, and disability benefits policy will apply to the extent of eligibility under these plans.

4. Environmental Safety Issues

All reputable medical authorities state that the AIDS virus cannot be transmitted through casual contact in the home or the workplace. Sharing of office and other work equipment, eating facilities, toilets, water fountains and similar common use items poses no risk. No precautionary procedures beyond normal hygienic practices are required.

Policies and procedures for the protection of all employees in jobs where exposure to blood may occur will be regularly reviewed and updated as required in the light of current public health and safety recommendations.

A work environment offering exposure to infectious diseases may pose an increased risk to a person with HIV infection and a defective immune system. Work reassignment, if available, or appropriate counselling and extra precautions will be provided as required.

5. Concerns of Co-workers

Employees who share their work environment with a person with AIDS may express concerns about their own health and safety.

The supervisor, with consultation from the director of Occupational Health and experts in the Health Department, must explain that casual contact with a co-worker with AIDS or who has a spouse, family member or friend with AIDS poses no threat of transmission. If necessary, arrangements may be made for a more comprehensive educational effort for the involved members of the work force.

Where some risk may exist from exposure to blood or other body secretions, the city recognizes its obligation to take the necessary protective measures and provide appropriate precautionary guidelines.

When the risk is negligible or the appropriate protective guidelines are in place, an employee who refuses to work with a person with AIDS will be subject to relevant disciplinary procedures as a last resort.

6. Discrimination against a person with HIV Infection with or without AIDS.

Since AIDS virus infection cannot be transmitted in the course of the usual interpersonal transactions occurring in the workplace, discriminatory acts by managers or fellow employees against a person infected with this virus are unacceptable and will be subject to disciplinary action.

The city will not require HIV antibody testing of any of its employees or job applicants.

7. Employees and Applicants for Employment associated with persons with AIDS

The City recognizes that persons who do not have an HIV infection but who live with, are related to or otherwise associated with persons who are infected should not be subject to any discrimination as a result of such association. No special precautionary measures will be taken in respect of such persons.

8. Education of City Employees

The City is committed to a program of education to better equip employees to deal with the presence of AIDS in the workplace. In particular, the City will endeavour to ensure that supervisors and workers take part in a program of education which will enable them to deal with concerns.

9. Responsibilities

Support for the persons with AIDS requires the coordinated efforts of fellow employees, supervisory personnel, Occupational Health Services, the Personnel Services Department with, as appropriate, consultation with the Health Department, the employee's personal physician and community organizations providing support to the staff member.

The involvements of each must be individualized based on the needs perceived by the employee and the significant others in his/her work environment. Failure to provide adequate support will represent a failure of this coordinated effort.

PETRO-CANADA

Subject: **ACQUIRED IMMUNE DEFICIENCY SYNDROME**

Reference: **OH202**

Effective Date: **1987 09 01**

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1. PURPOSE

1.1 Petro-Canada is aware that AIDS is pandemic, no vaccine is available and treatment is limited to care not cure.

1.2 This code of practice details the services to be provided to/for employees, infection control practices, special precautions, professional education, reporting and record-keeping standards.

2. GENERAL

2.1 AIDS is caused by a virus most commonly called Human Immunodeficiency Virus HIV-1, which, in the body, depletes helper T cells thereby removing a vital link in the body's immune response. It also probably has a direct effect on other cell types.

2.2 The body responds to infection with HIV-1 following a progressive model:

- seroconversion occurs between 3-12 weeks following infection
- seroconversion may be asymptomatic or may be accompanied by generalized lymphadenopathy
- AIDS-related complex (ARC) develops in a proportion of seropositives which may last weeks or months
- AIDS develops in a proportion of seropositives (approximately 30% from current information) within seven years

2.3 AIDS virus can be found in blood, semen, vaginal secretion, breast milk, urine, saliva, tears.

2.4 AIDS virus is transmitted by the intimate exchange of body fluids through four routes:

- via sexual contact with an infected person where there is exchange of blood or semen
- via sharing of a contaminated needles and syringes
- via infected blood or blood products
- via infected mothers to infants during pregnancy or during breast feeding

2.5 AIDS virus cannot be transmitted:

- through non-sexual every day contact as is the case in the workplace
- through air, water or food
- through touching the skin of a person with AIDS
- through touching any object handled, touched or breathed on by a person with AIDS
- through public toilets, drinking fountains, telephones, public transportation or swimming pools
- through insects including mosquitos

2.6 Prevention through education focusing on risk behaviours rather than risk groups and helping employees who are seropositive the most effective strategies, currently, in dealing with AIDS.

3. DEFINITIONS

3.1 AIDS: Acquired Immune Deficiency Syndrome.

3.2 AIDS Virus: Human T Lymphotropic Virus type III (HTLV-III)
Lymphadenopathy Associated Virus (LAV)
AIDS-Related Virus (ARV)
Human Immunodeficiency Virus (HIV-1) (most common).

3.3 ARC: AIDS Related complex.

4. APPLICATION

4.1 This code of practice applies to all personnel providing health care services on behalf of Petro-Canada including Health Services staff and personnel contracted by Petro-Canada to provide these services.

5. HEALTH SERVICES

5.1 All employees known to have AIDS Related Complex or AIDS should be made aware of the Employee Assistance Program (EAP) through the Manager, EAP.

5.2 Health Counselling:

- Employees considered at higher risks (International Travellers on Petro-Canada business to high prevalence areas, health services staff) are to be provided with indepth information to protect themselves.
- Any employee known to be seropositive and wishing further information should be referred to Manager, Occupational Health or designate.
- Any employee requesting detailed health information should be provided this in a timely, factual manner by Health Services staff.
- Any Health Services staff unable to provide information completely and honestly should identify themselves to Manager, Occupational Health in order that employees may be best served.

5.3 Employee Education:

- Pamphlets, fact sheets will be prepared/reviewed by Coordinator, Health Services and distributed to employees whenever significant new information becomes known.

- Group education sessions (based on models approved by Coordinator, Health Services) will be provided to employees as needs arise.

- Health Centres will serve as the resource centre for current information, audiovisual materials for use by employees and their families.

5.4 Crisis Management:

- Should there be disruption of the workplace due to employee reaction to the general issue of AIDS or a specific case, this constitutes a crisis for immediate resolution through a group comprising line management, Human Resources and Occupational Health.

5.5 Consultation with Management/Employee Relations:

- Manager, Occupational Health or designate is responsible for providing expert health advice to line management and employee relations personnel pertaining to a specific case or workplace situation.

- Coordinator, Health Services or designate is responsible for providing generalized advice to Managers and Human Resources Advisors pertaining to AIDS.

5.6 Community Relations:

- Networking with the community will be carried out as follows:
  Manager, Occupational Health - International/National
  Coordinator, Health Services - Provincial/Public Health
  EAP Manager - Employee Assistance Groups
  Nursing Supervisors - Local Community

6. INFECTION CONTROL

6.1 Handling sharps:

- Sharp items (needles, scalpels, blades, lancets and other sharp instruments) contaminated with blood are considered potentially infectious and must be handled with extraordinary care to prevent accidental puncture.
- Sharps (including syringes) should be placed in rigid-walled, puncture-resistant containers placed as close as practical to the area in which sharps are used.
- Needles must not be resheathed, bent, broken, removed from syringes or otherwise manipulated by hand as such activities increase the risk of skin punctures.
- Any accidental injuries or breaks in hygiene techniques by Health Services staff should be reported to Coordinator, Health Services immediately for appropriate treatment or monitoring.

6.2 Exposure to blood and other body fluids:

- Health Services staff must use protection appropriate to the exposure anticipated.
- Gloves must be worn during procedures when hands could become soaked with blood or other bodily fluids as in wound management and venipuncture.
- Gowns should be worn when clothing may become soiled with blood or bodily fluids such as in massive trauma.
- Contaminated surfaces (floors, walls, etc.) must be decontaminated with Javex 1:10 solution (1 part javex, 9 parts water) and left for 20 minutes until initially well moistened surfaces are dry.

6.3 Personal Hygiene Practices:

- Hands must be washed prior to any procedure and immediately after removing gloves and gowns and after contact with blood or body fluids. Abrasive soaps and use of brushes which may cause breaks in skin should be avoided.

- Splashes of blood to face should be rinsed gently with water to minimize risk of infection through mucous membrane of eye or mouth.

6.4 Potentially Infectious Materials:

- Disposable items and contaminated linen should be bagged and labelled infectious waste with appropriate biohazard symbols requiring blood and body fluid precaution.

- Specific protocols for disposing of materials will be developed by Nursing Supervisors with local community resources.

7. SPECIAL PRECAUTIONS FOR HEALTH SERVICE STAFF

7.1 Routine screening for HIV-1 infection is not recommended.

7.2 Disposable mouth pieces may be used when giving Cardio-pulmonary resuscitation, However, there have been no reported cases of AIDS virus infection transmitted via CPR and it is expected that Health Services staff will give emergency resuscitation without a mouthpiece without hesitation.

8. OCCUPATIONAL HEALTH PROFESSIONAL EDUCATION

8.1 All professionals will be provided with baseline information on AIDS, infection control procedures, values clarification and specific health counselling for risk behaviours.

8.2 Refresher information and new information will be provided through specific education sessions or other modalities arranged by Coordinator, Health Services.

8.3 Professionals have a responsibly to maintain their knowledge and skill levels and understand their own belief and value system to provide the highest level of service to Petro-Canada employees.

9. REPORTING

9.1 The manager, Occupational Health should be made aware of any employees known to be seropositive, have ARC or AIDS.

9.2 The Manager, Occupational Health will inform the Health Services staff on a "need to know" basis.

10. RECORD KEEPING

10.1 Information relating to an employee concerned about or having AIDS virus will be recorded and maintained according to the Confidentiality of Health Information code of practice.

10.2 Health Records will be annotated on the inside cover of the medical file when an employee is seropositive.

11. RESPONSIBILITY FOR ADMINISTRATION

11.1 Manager, Occupational Health is responsible for updating this code of practice at least annually.

11.2 Coordinator, Health Services is responsible for implementing this code of practice.

11.3 Primary responsibility for administration rests with the Director, Corporate Health, Safety and Security.

REFERENCES

Alberta Workers' Health, Safety & Compensation, Acquired Immune Deficiency Syndrome, Medical Services Branch Bulletin, Edmonton, Alta., April 9, 1986.

Centre for Disease Control, Update: Human Immunodeficiency Virus Infections in Health Care Workers Exposed to Blood of Infected, Morbidity and Mortality Weekly Report, May 22, 1987 Vol 36 #19.

Greig, J; AIDS - What Every Responsible Canadian Should Know, Canadian Public Health Association, The Toronto Sun Publishing Corporation Ltd., 1987.

Health & Welfare Canada, "Health Care Worker Surveillance Program for Occupational Exposure to HIV - a 12 Month Survey," Canada Disease Weekly Report, Vol 12-43, October 1986.

Health & Welfare Canada, Infection Control Guidelines for Occupational Health in Health Care Facilities, Ottawa, 1987.

Ministry of Health Ontario, AIDS and Health Care Workers, Queen's Printer for Ontario, 1986.

Ministry of Ontario, AIDS & the Workplace, Queen's Printer for Ontario.

Ministry of Ontario, Information About AIDS, Queen's Printer, 1986.

Rowe, M; Russell - Einbom, M; Baker, M; "The Fear of AIDS" Harvard Business Review, Vol. 64, #4, July - Aug., 1986.

U.S. Department of Health & Human Services, "Recommendations for Preventing Transmission with HTLV-III LAV in the Workplace." Morbidity and Mortality Weekly, Vol. 34, #45, November 15, 1985.

AIDS:
OPERATING GUIDELINES, COMMUNICATIONS AND EDUCATION STRATEGIES, AND RESOURCES FOR YMCAS

One single issue dominates America's health agenda: AIDS. Every Y has a stake in fighting this deadly disease -- not only because the economic and social ramifications are so vast, but because YMCAs are uniquely positioned to provide a valuable community service.

As a leader in health promotion, the YMCA is compelled to play a key role in educating families and young people about AIDS and how to avoid it. In March of 1987, the National Board of YMCAs, at the request of its Medical Advisory Committee, stated that YMCAs should take a "proactive stance regarding the education of staff, members and the public as to the nature of the AIDS disease and the means by which it is contracted, and the means by which it can be avoided." Meanwhile, many member associations have requested information on developing operating guidelines to respond to the AIDS issue.

This information package assists YMCAs in these efforts.

January, 1988
YMCA of the USA

OPERATING GUIDELINES

Operating guidelines for the prevention of AIDS have been approved by the Medical Advisory Committee of the National Board. These guidelines are based on scientific information that says people with AIDS, pre-AIDS illnesses, and those who test positive to the AIDS virus but are not sick do **not** pose a significant health risk to others in a YMCA setting. It is well known that AIDS is transmitted by intimate sexual contact or by exposure to contaminated blood.

The United States Public Health Service states that there is no risk created by living in the same house where an infected person lives, eating food handled by an infected person, being coughed or sneezed upon by an infected person, casual kissing, or swimming in a pool with an infected person. There is no medical evidence to exclude members from gymnasiums, pools, locker rooms, showers, snack bars, or any other recreational areas.

These guidelines are consistent with YMCA values that encourage youth and adults not to use drugs and encourage people not to have sexual relations unless they are in mature, caring, monogamous relationships. YMCA values further compel us to help and show compassion to those who have the disease and to those who don't share the same values.

Finally, **the guidelines should not be seen as a blanket policy, but rather** should be **applied on a case-by-case basis** by local YMCAs as new medical information becomes available. To help in this effort, YMCAs should seek the best medical advice available in the operation of programs and facilities by appointing a medical advisory committee. Members should know about the evolving body of information related to AIDS and support actions by YMCAs that are consistent with the best information available.

1. **Implement an AIDS education program for staff, volunteers, members, and the public.**

   Member associations should take a proactive stance regarding the education of staff, volunteers, members, and the public as to the nature of the AIDS disease, how it is contracted, and how it can be avoided.

   Educational efforts should emphasize that current medical knowledge indicates that YMCA staff, volunteers, and members infected with the AIDS virus do not pose a significant health risk to others involved in YMCA programs, activities or facilities.

Generally, AIDS education should include four key elements:

a) the facts on the AIDS virus and how it is transmitted;

b) how to protect oneself from the AIDS virus;

c) communicating information about AIDS to others; and

d) the local YMCA policies and procedures related to AIDS.

Suggestions on organizing AIDS education programs are included in the education and communications strategies section of this information package.

Key to this effort is a brochure, "**AIDS and You**" which was developed by the Federal Centres for Disease Control for use by YMCAs. It has been reviewed and endorsed by the American Medical Association and by the YMCA of the USA Medical Advisory Committee. It is available free in any quantity from the YMCA of the USA Program Store.

Additional resources for AIDS education are available from local and national organizations listed in the resources section of this information packet.

2. **Accept AIDS-infected individuals in YMCA programs, evaluating participation on a case-by-case basis.**

Most children and adults diagnosed as having the AIDS virus should be admitted to full participation in YMCA programs without fear of infecting others through casual contact. Decisions on participation should be made on a case-by-case basis by the YMCA.

Exceptions to this practice should be made in accordance with the guidelines established by the Federal Centres for Disease Control.

Refusal to permit any person with AIDS to join the YMCA or to participate in YMCA programs may violate laws protecting the handicapped and should only be undertaken with advice of legal counsel.

3. **Consider employees with AIDS as handicapped or disabled, without risk of infecting others through casual contact in the workplace.**

The YMCA recognizes its obligation as an employer to provide an objectively safe environment for all employees and the public at large, and an environment where there are no concerns by employees for their personal health and safety.

The YMCA considers AIDS to be a handicapping or disabling condition. An individual who has been diagnosed with AIDS should be treated similarly to any other individual who is handicapped or disabled.

Supervisors should make a concerted effort to educate themselves as to the facts about AIDS infection and assist in making this information available to all YMCA leadership, both staff and volunteer.

YMCA employees with life-threatening illneses, including AIDS, may wish to continue to work. As long as they are able to meet acceptable performance standards, and medical evidence indicates that their condition is not a threat to themselves or others, employees should be assured of continued employment.

Federal and state laws may also mandate, pursuant to the laws protecting handicapped or disabled individuals, that those individuals not be discriminated against on that basis, and that if it becomes necessary, some reasonable accommodations be made to enable qualified individuals to continue to work.

Given current technology, and the recommendations of the Federal Centres for Disease Control, testing applicants or current employees for AIDS is not recommended. However, information on voluntary testing should be available to all employees.

The YMCA may deny employment to any individual who cannot meet the bonafide qualifications of the job due to any physical or mental condition or who presents an immediate and real risk to the health or safety of others.

The YMCA recognizes that an employee's health condition is normally personal and confidential. Personnel and medical files or information about employees are generally protected from public disclosure. Only those supervisors with a clear need to know should be informed of an employee's condition.

4. **Encourage practices which protect staff, volunteers, and members.**

Because other infections in addition to AIDS can be present in blood or body fluids, YMCAs should adopt routine procedures for handling them, such as these:

Hands should be washed well with soap and water after exposure to blood and body fluids.

Razors and other implements that may become contaminated with blood should not be shared in locker rooms.

Rubber gloves should be worn if available when first aid is given to anyone who is bleeding.

Surfaces soiled by blood or body fluids should be promptly cleaned with disinfectants, such as diluted household bleach. Disposable towels or tissues should be used whenever possible.

There is no evidence that the AIDS virus is transmitted through mouth-to-mouth resuscitation or through "buddy breathing" in scuba training.

COMMUNICATIONS & EDUCATION STRATEGIES

In almost every community, there is fear and misinformation about AIDS and how it's transmitted. This can only lead to panic and an increased risk of its spread. As a leader in health promotion, the Y has a mission that calls upon staff and volunteers to take an active role in preventing both the spread of AIDS and people's fear of getting it.

Some Y staff and volunteers might be reluctant to educate people about AIDS, for fear that people might begin to think that the disease is really picked up at the YMCA. But experience proves that education, rather than silence, is the best way to dispel myths.

The only way to avoid panic is by education. Ideally, that means educating everyone's internal audiences of volunteers and staff, and external audiences of members, participants, and the general public. While members and participants are part of the Y family, in this case they are called an external audience because the information they

need is the same basic information the general public needs. Unlike employees and volunteers, they don't need to know the details of YMCA operational guidelines.

Depending on the local community, each Y will have to make a decision regarding how active it will be in communicating with people about AIDS. AIDS education can help people lead healthy lives -- one of the YMCA's main goals under its mission of improving spirit, mind, and body. But there is also a secondary benefit worth considering: AIDS education can help improve the Y's image with community and government leaders by positioning the Y as a leader in health promotion.

Overall, a local Y's communications strategy should be to **position the YMCA as a clearinghouse for AIDS education, rather than the authority**. For example, an AIDS seminar would feature a local infectious disease specialist as the main speaker, not the local Y director.

Regardless of how active a Y chooses to be, at the very least all Ys need to do a few things:

1) Offer an organized educational program for internal audiences of board and staff.

2) Base all communications programs on fact, not emotion.

3) Have printed information, such as the YMCA's brochure, "AIDS and You" to give to anyone -- staff, volunteer, member, or the general public -- who asks questions.

4) Keep abreast of what other groups are doing to educate people in your community about AIDS. That way, you can refer people who have more detailed questions to them. For example, you'll want to have the Federal Centres for Disease Control's (CDC) national AIDS hotline number handy (800-342-7514) and keep in touch with the Red Cross, the hospital, and other sources of public health information.

5) Appoint and prepare a spokesperson to handle questions about AIDS.

EDUCATION

Internal Audiences

YMCA staff, board members, and other volunteers all need to know three basic messages:

1) As a health advocate, the Y has a mission to educate people about AIDS.

2) AIDS is hard to catch and easily avoided.

3) Operating guidelines and communications strategies can help you deal with AIDS.

What follows are some tools you can use to communicate these messages to internal audiences.

Seminars

Since personal communication is always the most effective, you may want to begin your internal communication program with a seminar -- one for board and one for staff. There are many different formats, including lectures and small groups. For example, you could show an educational videotape and ask an outside expert -- a doctor who specializes in infectious disease, someone from the local health department, Red Cross, or another agency that helps people with AIDS -- to come and talk to the group. **The outside expert may offer some more credibility to the information**.

After the talk, you could break into small groups to discuss specific concerns. Always allow time for questions and answers with the audience and experts and **always let the audience know who they can contact at the YMCA for more information**.

One of the best employee education programs was developed by a San Francisco business coalition that included Levi Strauss & Company, Pacific Bell, Mervyn's, the Bank of America, Wells Fargo, AT&T, and Chevron Corporation. It's based on a videotape called **AIDS in the Workplace: The Epidemic of Fear**. The videotape is so good that it's been shown on national public television and has won many awards. It's sold by the San Francisco AIDS Foundation. See "Resources" for information on ordering.

RESOLUTION ADOPTED BY OCTOBER 1987 QUEBEC CITY CONVENTION OF THE CANADIAN UNION OF PUBLIC EMPLOYEES

RESOLUTION NO. 70

Submitted by the National Executive Board

WHEREAS persons suffering from Aids and carriers of the Aids virus increasingly face hostility and discrimination at the workplace, and in some cases have been denied the right to continue working; and

WHEREAS CUPE is opposed to unfairness and discrimination of any kind; and

WHEREAS the Canadian Human Rights Code prohibits discrimination because of physical disabilities; and

WHEREAS AIDS cannot be spread by casual contact;

THEREFORE BE IT RESOLVED that all CUPE affiliates take steps to oppose employers who discriminate or permit discrimination against persons suffering with AIDS or carrying the AIDS virus; and

BE IT FURTHER RESOLVED that CUPE oppose all mandatory, universal and pre-employment AIDS screening; and

BE IT FURTHER RESOLVED that CUPE at all levels pressure local, provincial and federal governments to implement education programs aimed at combatting misinformation, promoting understanding of AIDS and its transmission, and lessening public fear and hostility toward the unfortunate victims of this disease.

RESOLUTION NO. 71

Submitted by the National Executive Board

WHEREAS the devastating effects of AIDS are well known; and

WHEREAS casual contact does not endanger people, but at the workplace, thousands of CUPE members in health care and other occupations are potentially at risk; and

WHEREAS most employers have not met their obligations to workers and society by organizing mature education programs, safe workplace practices or adequate protective programs for these workplaces;

THEREFORE BE IT RESOLVED that CUPE develope guidelines and related educational material for the prevention of exposure to the AIDS virus at work, with particular emphasis on health care, education and emergency settings; and

BE IT FURTHER RESOLVED that local unions take all necessary steps to ensure that employers adopt and closely follow these guidelines.

CANADIAN LABOUR CONGRESS

This is not an official AIDS policy, which the CLC is now developing. This document is drawn from the organization's Worker Education Program.

AIDS - THE FACTS

GUIDELINES FOR WORKERS

The AIDS virus is found in blood, seminal and vaginal fluids and is transmitted when those fluids enter the body's bloodstream. It is not easy to catch. The AIDS virus does not travel through the air or pass through clothing. To catch it you must have sex or exchange blood (or other intimate body fluids) with a person who is carrying the virus.

There is no evidence that AIDS is spread through touching or caring for AIDS patients (unless direct contact with blood is involved). It cannot be caught from cutlery, glasses or dishes, swimming pools, drinking fountains, telephones, food or toilet seats. AIDS is not spread by casual contact.

As the AIDS virus is not spread through nonsexual, everyday contact, there is little opportunity for infection in the workplace. None of the AIDS cases reported in Canada to date can be attributed to workplace exposures. There is no evidence that being in the same office, working on the same assembly line or using the same equipment as someone with AIDS or someone carrying the AIDS virus - even for a long period of time - puts you at risk of becoming infected with the virus . In the same way, contact with clients, patients, customers, students who have AIDS or who are carrying the AIDS virus does not put you at risk of becoming infected with the AIDS virus, expect in certain very specific circumstances.

All blood and other body fluids that workers come in contact with are potentially infectious, and not just with AIDS. Therefore, contact with these fluids should be minimized through the use of appropriate controls. Precautions used to prevent exposure to blood-borne diseases such as Hepatitis B will more than protect against AIDS.

The risk of occupational exposure to AIDS is virtually zero. The guidelines outlined below will prevent exposure not only to AIDS but to other infectious diseases. It is important that adequate infection control procedures are in place in workplaces and that workers have the opportunity to help develop these procedures and to take the steps they feel are necessary to protect themselves against infectious diseases, including AIDS.

HEALTH CARE WORKERS

Obviously, health care workers are at greatest risk of occupational exposure to AIDS and other infectious diseases. They care for people who are sick with these diseases. It should be noted that very few (6 to date) of the thousands of health care workers who have been involved in caring for AIDS patients in North America have shown any sign of occupational infection with the virus. And none of these has developed AIDS.

AIDS - THE FACTS

AIDS AND HEALTH AND SAFETY LAW

Over the past fifteen years, workers and their unions have fought for and won important legal rights in health and safety. Specifically, workers now have a Right to Participate, a Right to Know and a Right to Refuse. Although these rights are not the same from province to province and although they are not as powerful as we would like, they are important tools with which we can gain safer and healthier workplaces.

AIDS is primarily a sexually transmitted disease. Nevertheless, there are circumstances in which workers who handle the blood or other body fluids of infected persons might be at risk. These circumstances also put workers at risk of other blood-borne diseases, such as Hepatitis B. Workers can use their legal health and safety rights to protect against accidental exposure to AIDS and other infectious diseases.

The Right to Participate

Workers should insist that they be involved in all decisions made with respect to AIDS in the workplace, decisions about education programs, infection control programs, reporting and follow-up of accidental exposures to HIV, safe work practices. In many workplaces, joint health and safety committees are in place. The committees can be used to provide widespread worker input into decisions about AIDS and other infectious diseases. Just because AIDS is caused by a virus, not a chemical, and just because the risks of being

exposed to AIDS in the workplace are very low does not mean that workers should not participate in decisions about control programs designed to minimize accidental exposure to AIDS and other blood-borne diseases.

The policies which evolve should respect the confidentiality of people with AIDS, both patients/clients and workers.

In addition to infection control policies, unions and other employee groups are pressuring employers to develop policies which will protect the human rights of workers who have AIDS, ARC or a positive AIDS antibody test not to be discriminated against in hiring or continued employment. Union Counselling Programs and Joint Employee Assistance Programs can assist workers who have AIDS or who have a family member with AIDS.

The Right to Know

The most effective weapon against AIDS is education. Workers should insist on being given current, accurate information about AIDS. It is crucial that all workers understand the disease. Only information and openness will ensure workers that their health and rights are being protected, while reducing fears of the disease so that workers can deal compassionately with people infected with AIDS.

Employers have, in most jurisdictions, a duty to provide the health and safety committee with information which will allow the committee to carry out its duties. Unions have become increasingly active in providing information to their members about AIDS. This is an important role for the union. It should not, however, relieve the employer of his/her obligations under the health and safety law.

The right to know should respect the confidentiality of infected persons. Generic warning labels, such as "blood-borne infection" or "body fluid precaution" should be used. They will alert all workers to follow the appropriate procedures, while at the same time protecting confidentiality. If an accidental exposure should occur, the worker has the right to know he/she has been exposed to HIV and should be monitored on an ongoing basis. This monitoring, like all medical monitoring in the workplace, should be voluntary, confidential and carried out by the doctor of the worker's choosing. (As part of its ongoing AIDS surveillance, Health and Welfare Canada is conducting a follow-up study of all health care workers exposed to HIV. Exposure report forms are available from the Laboratory Centre for Disease Control.)

The Right to Refuse

Workers across Canada have won the right to refuse unsafe work. The exact wording differs from jurisdiction to jurisdiction.

Medical opinion indicates that there is no risk of infection with AIDS in nonsexual workplace contact with infected persons. Inadequate infection control programs, however, might well constitute a risk to health.

Although workers have undoubtedly used the first step of the refusal process (notifying a supervisor) to get additional protection, such as gloves, against accidental exposure, to date there have been very few reported cases of workers refusing to work either with a co-worker who is infected with AIDS or with a patient/client who is infected with AIDS.

In one case this past September, seven supervisors at a drug addiction rehabilitation centre refused to continue to work with a prostitute infected with the AIDS virus. They went to the media and identified the prostitute. The employer has said these workers would be disciplined. The final outcome is unknown.

In another case, correctional officers refused to work with inmates they suspected had AIDS or Hepatitis B. The Canadian Labour Relations Board did not uphold the refusal with respect to the AIDS part of the refusal, saying:

> A speculative possibility of illness being caused is not enough to constitute a "danger". I have no alternative but to conclude, on the basis of Dr. Jessamine's evidence, that there can be no reasonable expectation of contact of the kind feared by the applicant resulting in AIDS, and, therefore, that there was no "danger" within the meaning of the Code.

Any refusal to work because of fear of AIDS should be undertaken carefully. Remember that AIDS is not easily spread; it is not spread through casual contact; it should not be used as an excuse for discrimination. There is no basis for fearing casual contact with an infected co-worker. Nevertheless, your employer has an obligation to provide protective equipment and to develop adequate work guidelines. Work with the union members of the health and safety committees to make sure these guidelines are in place.

SECTION THREE

DEVELOPING AIDS-RELATED SERVICES

In this section you will find:

- **functions of an AIDS education and training program in the workplace**
- **some features of an effective AIDS education/training program**
- **issues to consider when planning AIDS-related services**
- **a program planning strategy**
- **particular concerns associated with providing AIDS-related services such as:**
  - * **confidentiality**
  - * **networking**
  - * **media**
  - * **funding**

Background

This section is based on the experience of those who have begun to provide programs and services to help meet the needs of persons with AIDS, their partners, families, co-workers and friends. Although voluntary organizations will ultimately need to select their own best strategies for addressing AIDS-related issues based on their individual unique circumstances, this section highlights issues that those responsible for program planning may wish to consider when developing AIDS-related programs. The workgroup organizations involved in the preparation of this material and the numerous community based organizations who participated in its testing have provided invaluable assistance in identifying projected service needs, policy issues of significant concern to voluntary agencies, and the potential administrative difficulties associated with the provision of AIDS-related services.

Responding to New Service Needs

Effectively responding to the new circumstances and new needs generated by changes within our society is an on-going challenge for all voluntary organizations. Many of the organizations currently involved in the provision of AIDS-related services (the Canadian Hemophilia Society, Family Service Canada, The Victorian Order of Nurses, the Canadian National Institute for the Blind, the Canadian Public Health Association, the Canadian Red Cross) have initiated new programs and/or modified existing programs in response to new needs within their existing client populations. Because the number of persons with AIDS or who know that they are HIV antibody positive is still relatively small compared to projections for the near future, others involved in human service delivery may still have the luxury of some lead time to plan for the full impact of AIDS on their organizations. It will be important to take advantage of this lead time.

As discussed in *"The Implications of AIDS on Human Services"* (Section 1 of this manual) all voluntary organizations will be affected to some extent by AIDS. In fact, it is likely that most are already providing services to someone touched directly or indirectly by AIDS, whether they know it or not.

These services can often be enhanced and/or improved when the particular needs of those affected by AIDS are understood.

A Wide Spectrum of Required Services

People affected by AIDS want and need to have continued access to services that enhance the quality of life, and all organizations will want to consider appropriate guidelines for staff, volunteers and clients who may test HIV antibody positive or develop AIDS. Persons with AIDS and those testing HIV antibody positive, as well as their families, friends and partners, require a spectrum of new or modified services from basic human aid and advocacy to skilled professional care. Many will need care from several community organizations including counselling, home support services, emergency low-cost housing, access to food banks, financial and social aid, and palliative care services.

In addition, preventative education offers all voluntary organizations a unique opportunity to reach people and save lives. Each organization serves a particular group of individuals and has a special language which allows it to effectively communicate with its clients, staff and volunteers about relevant aspects of the AIDS virus. In some instances community based voluntary organizations may provide the only effective method of educating hard to reach population groups such as people in correctional facilities, transients, prostitutes, and intravenous drug users. They may also be able to reinforce education strategies developed elsewhere, (e.g. youth agencies providing AIDS training that supports what is being done in the schools.)

Preliminary Steps

The development of both sound personnel policies/procedures and corresponding service policies/procedures help an organization avoid crisis decision-making, emotional trauma, discriminatory practices and negative community reaction. *Section 2, "Developing Internal Policies"*, has already addressed some of the issues voluntary agencies developing AIDS-related services might consider, such as the introduction of the AIDS issue in the workplace, effective workplace programs and maintaining a firm commitment to social justice and human rights while protecting employees and volunteers from any real dangers to health.

Although focused on the organization's relationship to its employees (e.g. confidentiality of employee information and non-discriminatory employment procedures) rather than to its clients, *Section 2* is also pertinent to those involved in planning for the provision of AIDS-related services.

AIDS Education/ Training Programs

Experience has shown that addressing individual fears, anxieties and concerns associated with AIDS and the provision of AIDS-related services prior to program planning helps to ensure that thoughtful decisions, based on existing needs and the organization's capacity to expand or modify current services, can be made. An effective, on-going, AIDS education/training program in the workplace is an essential first step in the development and provision of AIDS-related programs and services.

Organizations should go through the process outlined for an AIDS in the workplace educational program (*Section 2*) as a first step in examining programming and service implications. The elements of a process designed to facilitate AIDS-related programming and services issues, which are outlined below, are similar to those dealing with personnel issues. Several factors make management of the process somewhat different:

- Volunteers are often involved in active program service provision. Their concerns need to be effectively addressed. Furthermore, because of the high number of volunteers who may be involved, and high turn-over, AIDS education as it affects volunteer activity needs to be appropriately integrated into their ongoing training programs.

- Most programs and services that will be offered to people with AIDS or who test HIV antibody positive will be used by others from the overall population. Communication strategies need to be carefully considered to ensure other clients (and income they may generate for the organization) are maintained.

- Those providing counselling and other support services may find themselves faced with moral/ethical questions which they may have difficulty resolving.

In this context, AIDS educational and training programs related to services provided by the organization serve a number of functions:

- Training that provides easily understood information on AIDS, how it is transmitted and protective procedures help staff, volunteers and clients overcome fears of infection.

- Training that incorporates small group interaction provides staff, volunteers and clients with opportunities to openly identify, express and discuss personal feelings and allows for facilitation around risk factors, fear of death, sexuality, prejudice and moral judgments, homophobia, and substance abuse.

- Training that incorporates outside resources and/or that involves staff, volunteer and client attendance at workshops outside the agency helps establish external support mechanisms for those providing care to persons with AIDS as well as reliable referral networks. These activities also encourage the exchange of information and begin to get people thinking about service coordination.

- On-going education/support provides those caring for persons with AIDS with emotional support and encouragement, ethical/moral support, and the opportunities to develop new skills as needed.

Suggestions for the Establishment of Effective Training Programs

The organizations which participated in the development of this manual identified the following as features of an effective AIDS education/training program related to both workplace as well as programming aspects:

- Responsibility for program development and maintenance is clearly assigned.

- The program is on-going for a variety of reasons including:

  - recognition of the fact that understanding occurs in stages;

  - the need to train new staff, volunteers and clients; and

- the need to provide staff, volunteers and clients with the most up-to-date and accurate information available.

- Education within the organization proceeds in stages from management, to staff, to volunteers, to clients, to new populations.

- The program utilizes a combination of training formats and approaches including:

  - staff attending workshops out of agency, resource people coming in from community agencies, and the use of knowledgeable people from within the agency; and

  - seminars, workshops, discussion groups, articles, brochures and audio visual materials.

- The program design and content are appropriate to the organization's culture and particular information requirements.

- The program is designed to respond to different levels of awareness and information requirements that may exist within the organization

- The program accesses available outside resources. (See section 5 for details of available resources).

Issues to Consider in Planning AIDS-Related Services

The list on the following page includes many of the questions other organizations have needed to address when preparing to provide services to persons with AIDS, their partners, families and friends. Organizations which are just starting to formulate AIDS-related programs and service policies may find the list helpful as a starting point to their own planning strategies.

- **Does the provision of services to persons with AIDS reflect our organization's mission statement, goals and/or mandate?**
- **How will providing AIDS-related services promote and/or impede the achievement of our existing organizational goals?**
- **Does the program reflect any existing needs within our current client population?**
- **Are other organizations providing the same or complementary services?**
- **How can our organization work with others to provide for co-ordinated AIDS-related services?**
- **How aware is our organization of the medical facts about HIV infection and the disease process itself?**
- **Is our organization committed to and prepared to provide education about safer sex practices and proper cleaning of IV needles to its present clients, or to other community groups?**
- **What new skills will be required to meet the needs of persons with AIDS, their partners, families, and friends?**
- **What new financial resources will be required to meet AIDS-related needs now, and in the future? Where will financing come from? Will it differ from current sources?**
- **What is the best way to plan for providing AIDS-related services and how will plans be implemented?**

A Planning Strategy

Planning new programs and revising existing programs to meet evolving needs of the community is nothing new to the voluntary human service organizations. Most have developed planning methodologies that are best suited to their way of operating.

Identifying Potential Barriers and Remedies

The identification and acknowledgement of potential barriers to the provision of AIDS-related services is a crucial first step in planning to provide AIDS-related services. Once issues that may hinder the organization's response have been acknowledged and identified, a strategy design can begin to emerge.

Potential barriers might include:

- lack of technical knowledge about AIDS;
- concerns regarding transmission of the virus;
- weaknesses in the organization's existing policies;
- limited time and resources, etc.

Methods for removing barriers might include:

- AIDS education;
- open discussions around fears and concerns;
- seeking out and utilizing appropriate and available resources;
- soliciting community support;
- networking with others who already have experience in the provision of AIDS-related services.

Strategic Planning Steps

Organizations involved in planning AIDS related services have found it particularly valuable to follow their usual planning steps faithfully. The chart on page 26 outlines steps normally involved in strategic planning.

Sample Strategic Planning Steps

Identify and operationalize the ISSUES

- select major issues in need of attention
- assess whether or not an existing organizational procedure requires alteration to effectively respond to each issue
- decide whether proposed changes need to be AIDS-specific or general

Define the GOAL to achieve

- formulate goals related to each issue in need of attention
- for each goal formulated, determine whether or not goal achievement requires a formal policy change or can be incorporated into current practices and procedures

Analyze PROMOTERS and IMPEDIMENTS to goal attainment

- where the need to formalize a written policy has been identified, list both the forces that might promote and those that might impede its development within the organization

Consider FUNDING IMPLICATIONS

- initial year and long term
- what is the role for government, private funding, fees for service, etc.

Determine realistic ACTION STEPS

- for identified promoters/impediments, determine the action steps that might neutralize the impediments and/or cultivate the promoters in order to implement policy development
- indicate any resources that may be needed to accomplish the action steps

Sequence steps into an ACTION PLAN

- arrange identified actions and resource requirements in sequence
- identify relative deadlines for completing each action step

IMPLEMENT PLAN

- list several ways in which a new policy might best be introduced into your particular organization

EVALUATE PLAN

- evaluate the impact of the new policy to assess whether or not it successfully met the need as it was initially identified

Particular Concerns Associated with Providing AIDS-Related Services

Organizations already involved in the provision of services to persons with AIDS, their partners, families and friends have found that providing AIDS-related services may place some unusual demands on voluntary organizations. Some of these demands merit special attention.

Maintaining Confidentiality

Virtually every voluntary human service organization has safeguards in place to protect employee, client and volunteer confidentiality. As with other administrative procedures and policies, it is useful to re-examine them in light of AIDS. This will mean ensuring that internal controls adequately protect the confidentiality of information from unauthorized disclosure.

The issue of confidentiality is examined here as it pertains to relationships:

- amongst service providers
- between service providers and clients
- between employers and employees

Some particular points to consider related to confidentiality and AIDS include:

- Information concerning AIDS or HIV antibody positive testing is generally volunteered. Treat the information as confidential, letting the individual (staff, client, volunteer) determine if and how he or she wishes to let others know. Support in examining what course to follow and in any disclosure process may be appropriate.

- AIDS, and in some provinces, HIV infection are reportable. However, this procedure is established by health professionals (usually the individual's doctor) through a diagnosis process that involves particular blood tests. Suspicion that an individual has AIDS or a statement by the individual that he or she has AIDS or has tested HIV antibody positive is not reportable.

- Because the ramifications of testing are numerous, it is advisable for the person being tested to see a health professional who is knowledgeable and informed about all aspects of HIV antibody testing. As well, it is essential that adequate pre-test and post-test counselling be provided.

- Individuals requesting advice regarding whether to take an HIV antibody test should be informed that the degree to which this test is traceable back to the individual varies from province to province. In some provinces a positive test is reportable by medical authorities to the provincial health ministry with varying safeguards related to confidentiality. Responsibility for informing sexual contacts (contact tracing) rests with the individual, and may involve the personal physician, the public health network, or a combination of any of these. Details of reporting practices in place as of July, 1988 appear in Appendix A for illustration purposes only. Up-to-date information should be verified.

- Health professionals and community service workers stress that AIDS, as with other sexually transmitted diseases, is a health issue which can and should be dealt with through health regulations by health authorities, within the limitations imposed by federal and provincial law.

- Internal organizational procedures involving caregivers should protect the client's confidentiality while providing guidelines that permit staff and volunteers to obtain professional advice and emotional support in dealing with some difficult ethical issues that may at times arise (i.e. a client with AIDS who continues to be involved in unsafe practices affecting others). (See Appendix B & C for a sample of confidentiality policies.)

- Written documentation as to whether a person has AIDS or tests HIV antibody positive need only be made if the fact is relevant. Codes to protect confidentiality are advisable.

- Knowledge of practices affecting the health of children is reportable by anyone (friend, neighbor, co-worker, counsellor, etc.) under child welfare legislation across Canada.

Working with other Organizations is Crucial

Important issues include:

- The need for an integrated care network to provide for the variety of needs, plan for gaps in services and ensure maximum use of resources.
- An exchange of information and resources among all involved organizations to ensure best possible care.
- Some of the best sources of help have been organizations and groups already serving persons with AIDS. (See Section 5 for names of helpful organizations)

Media

The media in Canada is an important public source of information about AIDS. Most voluntary organizations have good ongoing relationships with the media which may be used in developing their communications strategy. Some points to consider:

- Program Development

  Ensure your AIDS program is clearly understood by staff and volunteers before initiating a public communications plan. Be prepared to meet service demands once announced.

- Controversial Issues

  While AIDS is no longer as controversial an issue in many communities as it once was, be prepared to respond to uninitiated media coverage. A controversial issues management resource guide is available from United Way/Centraide Canada.

- Partnership

  Organizations involved in the consultation process who have been providing AIDS-related services have described the media, overall, as having been valuable allies in responsibly communicating their activities. A partnership relationship with the media should be the objective of voluntary organizations.

Funding Considerations

Because the projections of numbers of people who may develop AIDS in the future are much larger than the current number of persons with AIDS, organizations seeking funding for AIDS-related services should consider not only funding required to meet present needs, but also medium and longer range funding questions.

It is important to note that not all AIDS-related initiatives will necessarily involve ever increasing funding requirements. For example, an AIDS education program for a youth organization would reflect usual new training program cost issues completely unrelated to the number of new cases of people with AIDS. On the other hand, home care services for people with AIDS can be expected to grow in line with the number of additional AIDS cases.

* * * * *

Cautionary Note

This manual is designed to assist organizations deal with the social service needs raised by AIDS. Health related information about AIDS is provided only to the extent that it is necessary in order to develop sound policies and appropriate social service responses.

Medical and legal facts about AIDS contained in this manual reflect the most current and accurate information available at the time of printing and have been verified with the Federal Centre for AIDS as correct. However, scientific and legal knowledge about AIDS grows almost daily, so it is best to get the most up-to-date medical and legal facts directly from appropriate sources, such as the Federal Centre for AIDS, the Canadian Public Health Association, your provincial/municipal health authority, Human Rights Commissions and other legal bodies.

USEFUL REFERENCES - SECTION 3

(from the more extensive bibliography in Section 5)

Resource material regarding the issue of confidentiality is contained in the following reports:

- Canadian Bar Association, Ontario, Report of the AIDS Committee, 1986.
- Royal Society of Canada, AIDS - A Perspective for Canadians. Summary Reports and Recommendations; Background Paper, 1988.
- Health and Welfare Canada, Human Immunodeficiency Virus (HIV) Infection Contact Tracing Recommendations, Canadian Diseases Weekly Report, Vol. 13-14 (January 31, 1987).
- The position papers/resolutions and motions presented and voted on at the Annual General Meetings, July 7, 1988, by the members of the Canadian Public Health Association (CPHA).

APPENDICES - SECTION 3

A. Canadian Reporting Requirements
Royal Society Background Papers, July 1988

B. Policy on Confidentiality
AIDS Vancouver, November 1987

C. Policy Statement on Confidentiality
Family Service Centre of Ottawa-Carleton, February 1976

D. Excerpt from the Krever Report
Report of the Commission of Inquiry into the Confidentiality of Health Information

Province	What is Reportable	Identifiers
Alberta	AIDS	Initials
British Columbia	AIDS	Initials
Manitoba	AIDS Antibody to HIV	Nominal Anonymous, Non-random code
New Brunswick	AIDS, ARC Any confirmed HTLV-3 virus Antibody reactive status	Code Number
Newfoundland	AIDS, ARC, HIV antibody positivity by confirmatory test	Medical Care Number
North West Territories	AIDS	Initials
Nova Scotia	AIDS Single positive ELISA test	Nominal
Ontario	AIDS Seropositive test for HIV antibody	Initials or Code
Prince Edward Island	AIDS	Any code selected by referring physician
Quebec	AIDS	Code Number (special forms)
Saskatchewan	AIDS Evidence of HIV infection	Nominal
Yukon	AIDS	Initials

July 1988

AIDS VANCOUVER

POLICY ON CONFIDENTIALITY

AIDS VANCOUVER recognizes the client's right of privacy in relation to the services that our organization provides. While a client does not have the property right to our records, she/he has the right to protection of all information therein.

All information relating to a client must be treated as confidential; this information may be written, verbal or other form. This confidentiality extends to everything volunteers learn in the exercise of their duties.

All information given to volunteers by P.W.A.'s (persons with AIDS): their lovers, family and friends is to be considered confidential.

Conversations with people on the AIDS HOTLINE must also be treated as confidential and should not be discussed outside the office.

Aside from sharing essential information with those people involved in the continued care of the client, there are two other ways in which the information may be released:

1. Upon a court order/ or as required by law;
2. Upon a written authorization of the client.

Any misuse of client information shall be considered a breach of confidentiality and will be cause for disciplinary action by the Volunteer Coordinator.

I have read AIDS VANCOUVER'S "Policy on Confidentiality" as stated above. I understand and agree that in the performance of my duties with AIDS VANCOUVER, I must hold client and specified information in confidence. Further, I understand that intentional or involuntary violation of this confidentiality may result in the termination of my association with AIDS VANCOUVER.

DATE:_____SIGNATURE:_____

DATE:_____WITNESSED:_____

A:CONFIDE
11/18/87

FAMILY SERVICE CENTRE OF OTTAWA-CARLETON

POLICY STATEMENT ON CONFIDENTIALITY

PREAMBLE

People seek help from social agencies when they have needs which they alone cannot meet. In determining the nature of clients' needs and giving help, factual and personal information is shared with the agency. Information may also be requested from and shared with others in the community who collaborate in the process of giving service. At times the agency is also called upon to give information about clients to other helping agencies.

At the same time, the agency has administrative requirements related to record-keeping, statistics, planning and evaluating services, accounting to funding sources, and responsibilities to other services in the community, which require client-related data. This data is also used for teaching, interpretive and research purposes.

While it is recognized that information about a client is central to the agency's ability to help, it is the agency's responsibility to hold such information in confidence. For this reason, the agency has developed the following statement on confidentiality, so that:

1) clients may know how the agency will preserve their confidences;
2) all members of staff clearly understand their responsibility for maintaining standards of confidentiality;
3) the wider community may be clearly informed about the agency's position.

POLICY

1. In the majority of instances, the client will be the source of information about himself/herself. Information to be sought from him/her will have relevance to understanding and helping him/her with his/her particular problem, and fulfil the administrative requirements of the agency.

2. Other pertinent data needed to offer service to a client may be sought from other sources, such as the medical, legal or teaching profession with the client's consent. Where possible such consent will be in writing.

3. Except in life-threatening situations or where there is suspicion of child neglect or abuse:

    a) Information provided by clients to the agency becomes the property of the agency and is not to be shared with anyone external to the agency without the written consent of each person who has been directly involved in agency service.

    b) Information will not be shared with anyone external to the agency about those persons not directly involved in service.

    c) In instances where a staff member of the agency is operating as a member of a collaborative team outside the agency, the written consent of the client to release information to other team members is required.

4. In using information about a client for the purposes of teaching, public relations, planning, research, internal or external to the agency, the identity of the individual client will always be kept in confidence. When the identity cannot be maintained in confidence such as in the use of audio-visual material and observation mirrors for teaching purposes, the client will be made aware of this and his/her consent obtained. Consent will be in writing for the use of audio-visual equipment and tapes. Information used for public relations will not reveal the identity of a client, unless his/her written permission is obtained. To ensure confidentiality, social insurance numbers will not be used because of their use as personal identifiers.

5. The agency has a responsibility to maintain a case file on each client to record the factual details of service provided and to be the source of data required for the agency's statistical, planning and accounting purposes. While the case file is primarily factual, it will also contain subjective material.

6. Case files will be protected by the agency and safe-guarded whether in the agency or on any premises regularly used by a staff member of the agency. Staff members will be provided with office space to ensure privacy and access to locked cabinets in which to store files. Access to client files will be restricted to those staff members directly involved in providing service, or those needing the data to provide a support function. Access will not be granted to members of the Board of Directors or volunteers.

7. Personal papers belonging to the client will not be kept in the file or in the agency.

8. If clients wish to know, the material permanently recorded by agency staff may be made available to them. If they wish, their statement of differences with the agency's record will be added. Professional discretion in sharing information verbally with the client which has been provided by a third party will be used. If information is sought from a third party with the intention of showing it to the client, this intent will be clearly stated in the request to the third party. Such information, in whole or in part, will not be released to anyone external to the agency.

9. The Executive Director and agency legal counsel will be advised as soon as possible in those instances where court-directed subpoenas are served on the agency or staff.

10. Case files will be maintained for three years after the date last contact with the client, and then destroyed.

IMPLEMENTATION

A responsible, competent and confidential service to its clientele is insured through the Board of Directors employing responsible and qualified staff to give service to families. All staff members are expected to become familiar with this policy statement and to honour the principles underlying it. It is recognized that no statement of policy can be sufficiently detailed to cover every situation. Professional judgement will be exercised in implementing the policy and the agency will ensure, through its administrative structure, that consultation is available to all staff members in implementation of the policy. The policy will be reviewed regularly by Board members and staff. In those instances in which requests for information would require an exception to the policy, the request shall be brought to the attention of the Board of Directors for decision.

February, 1976

POLICY STATEMENT ON CONFIDENTIALITY

PROCEDURES RE COURT SUBPOENAS - ITEM #9

Item #9 reads as follows:

"The Executive Director and agency legal council will be advised as soon as possible in those instances where court-directed subpoenas are served on the agency or staff."

When clients inquire about the confidentiality of information shared with the agency, they can be assured that the agency's policy is that nothing will be divulged about them without their consent. Where appropriate it may be necessary to point out to them that in some instances the worker and his/her record can be subpoenaed by a court. However, in these instances, the worker's response to the court would be that without the client's consent, we would not break the confidence of the client, since complete disclosure about himself/herself is central to our being able to understand and to give professional service to him/her. It is the opinion of the lawyers on our Board that courts would be prepared to honour our professional status and the reputation of the agency. Where necessary, the agency will provide legal counsel to support the worker's position as endorsed by the agency.

Report of the Commission of Inquiry into the Confidentiality of Health Information

Striking a balance between safeguarding the rights of the individual while at the same time protecting public health is an important aspect of the issue of confidentiality.

In this regard, remarks made by the Honourable Mr. Justice Horace Krever (Commissioner) in the Report of the Commission of Inquiry into the Confidentiality of Health Information, p.84, are worth noting:

> I support the proposition that, as a minimum standard, reporting should not be required unless the information will be used for the benefit of the individual or the community. The benefit derived should outweigh the possible harm a person may suffer by the invasion of privacy.
>
> The determination of the existence of a risk of harm to the individual or community, sufficient to justify reporting, should be governed by the established criteria. The first is that the degree of risk to others must be weighed against the sensitivity of the information which must be released to avoid the risk. It must also be established that identifiable information is necessary to achieve the purpose for which it is required. In some instances, statistical information may be sufficient for epidemiological studies...the sensitivity of the information makes it necessary to maintain the highest possible degree of security, **which includes keeping only as much identifiable information as is necessary for the purpose served by this system** *(emphasis is added).*

SECTION FOUR

CONSIDERING CARE AND SUPPORT ISSUES

In this section you will find:

- **issues related to AIDS**
  - * emotional
  - * financial
  - * housing
  - * homecare
  - * legal
- **people affected**
  - * high incidence groups
  - * partners
  - * families/friends
- **intervention components**
- **training and support**

Background

The need for AIDS-related services is a growing reality. Every voluntary agency will ultimately be faced with some manifestation of the disease, whether through greater demands on its services from clients, because agency employees and volunteers are affected, or through appeals from other community services requesting collaboration or assistance with their programs.

Human service organizations need to be aware of the psychosocial implications of AIDS in order to develop relevant programs and for the purpose of staff/volunteer education. For organizations providing counselling and other support services, this information is essential to responding effectively to client needs.

Providing AIDS-related services can be very demanding. Persons with AIDS or HIV infection are facing a life threatening illness. For this reason alone, intervention requires reliability, consistency, and continuity. Essential as well, is a non-judgemental approach towards sexuality, gay lifestyles, and injection drug use. Attention to the importance of safeguarding client confidentiality is paramount.

Because AIDS is a complex interplay of medical, psychological, and social factors, service providers will need to recognize their own limitations and collaborate with other community services as particular needs arise.

The purpose of this section is to highlight some of the significant issues to consider in providing AIDS-related services. The population that will require and benefit from these services includes women and men who are HIV antibody positive, persons with AIDS, those at risk (people fearful of being at risk because of exposure to a high risk sexual partner, past injection drug uses, or a blood transfusion a number of years ago) and the "worried well", whose anxiety is unfounded. In this booklet "client" will refer to all individuals listed above, their partners, families, and friends.

"CLIENT" NEEDS

Emotional Support

Because of the way the virus progresses (with alternating periods of illness and wellness), clients often experience a "roller coaster" of reactions and emotional responses. Attitudes of hopefulness or calm may suddenly give way to anxiety and hopelessness, especially during periods of illness and opportunistic infections.

Infected individuals may undergo many losses such as:

- actual or feared rejection by partners, family members, friends and employers;
- loss of a sense of control and independence as they become more involved with medical institutions;
- loss of affection, emotional support and changes in sexual behaviour;
- loss of physique, self-image, health, and mental competence;
- loss of full employment, financial status, housing, and standards of living;
- loss of previous sources of self-esteem;
- loss of partners, friends, or acquaintances who have died from AIDS.

As well, it is significant to note that these losses are experienced by a relatively young age group (ages 20-49) who are generally not prepared financially or emotionally for illness, disability and possible mortality.

After being diagnosed, some infected persons may begin to feel guilt, self-blame and shame due to societal responses that blame the infected person for the disease. They may feel anxiety and fear of anticipated or actual pain, loneliness and abandonment, grief as the illness progresses and fear of dying, especially of dying alone.

Clients need to be made aware that these are normal emotional responses that they may experience throughout the course of their illness. Knowing what to expect in advance, and being reassured that these are normal human responses may serve to allay fears and anxieties about "falling apart". Any painful experience is better dealt with openly. One's despair eventually dissipates when others share in the process. Counselling may facilitate the expression of painful feelings in the course of individual, family, or group sessions.

What can underly many distressing feelings is the desire to discover an internal sense of hope and empowerment that can help one focus on living rather than dying. Helping the client and his/her partner and family to develop or maintain adaptive coping skills that can contribute to a hopeful and positive attitude towards living with AIDS is an essential objective of care and support services. This process can be pursued by helping clients to:

- increase a sense of mastery and control over their lives;
- maximize decision-making powers;
- become actively involved in medical and alternative healing therapies;
- participate in activities which promote "wellness" and a sense of continuity with normal daily life (e.g. nutritious eating, exercise, relaxation, stress management, recreational and cultural activities that are particularly rewarding);
- develop or maximize the existence of a supportive social network of family, friends, religious resources and support groups.

In supporting the client to cope with what is one of the most difficult experiences of his/her life, the caregiver is promoting what one service provider has described as an attitude that requires "...two things: fight and accept. Back and forth at the same time. We fight and accept."[1]

[1] Helquist, M. (ed.) Working with AIDS - A Resource Guide for Mental Health Professionals. University of California, San Francisco, February 1987.

Information and Decision Making Support

Persons with AIDS may require a range of services including financial assistance, housing, home health care and legal counselling. Counselling intervention ought to facilitate access to necessary information and services. Voluntary organizations need to promote the development of these services if they do not yet exist in the community.

Financial Support

Loss of employment or a reduced ability to work will often result in a financial crisis. Helping the client to access a workplace disability plan, or federal/provincial disability pension programs in order to ensure that there is an adequate source of funds can be very useful. The major Canadian AIDS organizations and People with AIDS Coalitions offer confidential programs of financial assistance.

Housing Support

This may pose the biggest difficulty for the client due to a number of factors:

- sudden change in financial status;
- unpredictability of the effects of the virus, such as intermittent illness, partial loss of vision, dementia;
- discrimination against persons with AIDS;
- living alone or in a situation where care is not available;
- special needs due to existing or anticipated physical disability (e.g. elevators or wheelchair ramps).

The challenge for voluntary organizations is to develop in each community a variety of affordable housing alternatives, from supporting individuals to remain in their own homes to assisted group accommodation, adult foster homes, chronic long term services and hospices.

The few Canadian hospices that currently exist (and those which are being planned) provide palliative care which allows persons in the terminal stages of AIDS to die with dignity and support outside of hospitals.

Home Care Support

Community services such as visiting nurses, homemakers and meals-on-wheels allow very ill persons with AIDS to remain in their homes. However, there are limitations on accessibility to home care services that require creative and cooperative problem solving, for example:

- budgetary constraints that limit the provision of adequate education and training for visiting homemakers;
- lack of services in some rural areas;
- workers who are still afraid to care for people with AIDS;
- housing of person with AIDS may not be safe or suitable for home care.

A variety of community services can be helpful. These include the Canadian National Institute for the Blind, for those with vision loss, Hearing Societies for hearing impaired clients, supportive church groups, and AIDS organizations whose staff and buddies can assist with home care. As well, many AIDS organizations have experience with scheduling round-the-clock care amongst professionals, volunteers, and family/friends.

Legal Support

The individual with AIDS ought to be informed about the necessity of taking certain legal steps, such as writing a will and determining power of attorney. This is advisable because many individuals may experience some neuropsychiatric complications which affect their memory and ability to process information. Such action may be particularly important for clients who may choose their friend or partner to represent them, and whose authority may be disputed by biological relatives. There are new regulations in Ontario which provide for durable powers of attorney that survive incompetence and which pertain specifically to ensuring an individual's right to choice regarding health care. A person may make out a Living Will (called a "Testament Biologique" in Quebec) which is a statement regarding how the person wants to be treated if incompetent and/or terminally ill. Usually such a statement pertains to not prolonging the process of dying through medical intervention.

The basis of the various laws in this area is that the person's right to self-determination regarding medical treatment is ensured. When a person's preferences and wishes (which may be no medical intervention in some situations) are not known, the law attempts to offer what is best for the person. This may result in efforts being made to prolong life, especially if the biological family feels torn about the decision. The legal dynamic in this area is to strike a balance between an individual's right to self-determination, protection of the person's rights, and provision of medical treatment.

The client may require legal counsel in situations where there is discrimination with respect to goods, services, accommodation and employment. Most of the discrimination that may be suffered by a person with HIV infection or AIDS is governed by provincial human rights codes. (See *Section 5* for relevant resources)

"SERVICE PROVIDER" NEEDS

Understanding of HIV "Clients"

High Incidence groups

Appropriate provision of services requires that there be a sensitivity to the special concerns of members of high-incidence groups.

Work with gay and bisexual men demands a sensitivity to the cultural, economic, political and social aspects of gay communities. The service provider must communicate understanding and non-judgmental acceptance, as well as acknowledging the impact of homophobia (negative social stereotyping of homosexuality), discrimination, and rejection.

Women who have been exposed to HIV may experience rejection and isolation as a result of being affected by a syndrome that has been primarily identified as a male disease. They may face special concerns arising from their social roles as mothers and their reproductive capabilities. These may include making decisions about pregnancy because of the possibility of passing the virus to their unborn children, separation from their children during medical crises, and guilt or sorrow, as well as the concrete problems involved in caring for their young children with HIV infection.

Apart from their possible roles as mothers, women face concerns about safe sex, drug use, and maintaining a healthy lifestyle.

In serving drug users, caregivers require knowledge about injection drug use, the drug sub-culture, and an awareness of the ethical challenges that must be faced in working with individuals who are HIV infected and may endanger their own and others health through continued needle sharing and sexual contact. Physical addiction and a sense of fatalism make it difficult for injection drug users to change their behaviour. Of particular importance is the need for drug counselling and referral to accessible treatment programs.

Blood transfusion/blood product recipients may have been infected in the course of receiving medical treatment prior to 1985. If a client has been infected through use of blood products to treat hemophilia, it is recommended that the service provider contact the local treatment centre or the Canadian Hemophilia Society for information relating to the disorder.

Partners

The emotional responses of partners and spouses of infected persons may include shock as well as intense feelings of anger, sadness and bewilderment. Because HIV infection is sexually transmitted, the partner or spouse may have been exposed and possibly infected. A couple is faced with the impact of the infection on their relationship as well as the uncertainty of the partner's or spouse's future health. The infected person may feel guilt and shame for infecting a spouse or partner(s), and accepting this situation may be a very difficult process.

For some individuals who have been sexually active with others, unbeknownst to their partners or spouses, the difficulties in addressing their situation with their spouse or partner are compounded.

An important initial issue is whether and how to disclose their HIV antibody positivity to the spouse and partner(s).

The counsellor must emphasize the risk to the spouse's and partner's health that continued unprotected sexual intercourse or drug use represents. Further counselling may include an emphasis on the means of transmission and risk reduction between the partners, information about pregnancy, and emotional support to individuals, couples, families and children.

Ensuring that client information is kept confidential is an essential aspect of effective counselling. This is especially important given the stigma and discrimination associated with HIV antibody positivity and AIDS. However, protection of the health or life of others may be an ethical justification for breaking confidentiality. In the rare instances when a client continues with sexually irresponsible behaviour that endangers the health and lives of others, the service provider ought to consult with the person's physician or medical officer of health in order to decide on the most effective steps to be taken to protect the health of the individual and the community. Where the health of a child is endangered, as in all instances of child abuse, the counsellor is obliged to inform child welfare authorities.

Partners usually become primary caregivers and may need help learning to do this. The stress of looking after an ill or dying partner may necessitate "care for the giver", emotional support as well as arrangements for others to periodically take over with the necessary care.

Many survivors of partners who have died from AIDS, because of their youth may have never before experienced mortal loss, and their sense of bewilderment and grief may be especially poignant. Bereavement counselling may be crucial in supporting a spouse or partner to work through feelings of loss as well as relief that the dying is over. Some may need reassurance that their feelings, albeit often contradictory, are normal human responses in the face of such tragedy. Allowing for grieving, as well as moving on, are both necessary. Some studies indicate that grieving individuals who became involved with volunteer activity in an AIDS organization recovered more quickly after their partner's death.

Family The term family may have different meanings for different people. The traditional definition of family includes those to whom one is biologically related. However, for many people, family has come to mean close friends who turn to each other for support and to share both the joys and difficulties that are encountered.

The response of family and friends may be influenced by the way in which the person is assumed to have become infected. Families of individuals infected through sexual contact or needle sharing drug use may be faced with the double news of the infection or illness and a person's particular sexual lifestyle or injection drug use.

Some major problems that may arise for the family are:

- isolation from customary sources of support for fear of stigmatization;
- conflict between members of the infected person's family and friends (for example, when heterosexual family members do not accept the person's gay partner and friends);
- fear of transmission, despite the knowledge that casual contact will not transmit the virus;
- confronting homosexuality or drug use; denial, anger, disappointment or guilt may arise for family members faced with information about a member's sexual orientation or injection drug use.

Differences in values, communication patterns, and permitted cultural responses influence how these new circumstances are confronted. Conflicts between the desire to be supportive and feelings of fear, confusion and awkwardness are common. Previous strengths and weaknesses in all the relationships will likely be intensified by the need to cope with this family crisis.

A counselling plan might include:

- helping the client to determine if and how best to reveal the news of his/her infection to family and friends;

- encouraging family members and co-workers to accept the "roller coaster" of feelings that they might reasonably expect to feel;
- assisting them with accessing information about HIV infection transmission and the syndrome and its likely course, in order to alleviate fears of infection and help members define the degree of their involvement in caretaking;
- emphasizing that the most important thing that they can do is simply be there for the infected person;
- promoting the development and maintenance of sources of social, emotional and practical support (family, friends, religious resources, support groups);
- encouraging the family to ask questions about gay lifestyle, to discuss their feelings about it and about their relationship with the infected person's partner;
- helping them to deal with the process of dying and with grieving after the person has died.

Understanding the Components of Intervention

The provision of AIDS-related services will require that the service provider be able to:

- provide education about the medical, psychological and social aspects of the disease;
- be familiar with the ways in which HIV infection is and is not transmitted, behaviours that put one at risk, methods of prevention and information about voluntary HIV antibody counselling and testing;
- respond to a wide range of psychosocial issues by providing appropriate counselling intervention, often in collaboration with other service providers, and by referring and linking clients to suitable community resources.

Information for "Clients"

Providing accurate, up-to-date information, often in cooperation with the clients' own health provider(s) is essential in order to respond effectively and consistently to clients' questions regarding the course of the syndrome, prognosis and treatment. This information offers persons with AIDS or HIV infection, their spouses or partners, and their families a means for regaining a sense of control over their own lives. As well it assists them to make informed choices about health care. Provision of information should be tailored to the needs of clients, and their level of knowledge and readiness to absorb it. This may require repeated presentation of the information.

Adolescents who are HIV infected will require age appropriate sex education that will provide them with information about sexual responsibility and the procedures necessary to protect themselves and others.

Information for "Service Providers"

Familiarity with prevention of virus transmission information will enable the counsellor to:

- assist clients to distinguish what constitutes safer sex practices in a language that is clear and appropriate to the individual and his/her spouse or partner;
- reassure the families of persons with AIDS or HIV infection that the virus cannot be casually transmitted, and that touching and hugging is not at all dangerous and may, in fact, be very beneficial and comforting.

Providing information about HIV antibody testing can:

- inform clients about what test results mean and the kinds of pre-test and post-test counselling, education and follow-up that are available in the community, so that referrals will only be made to those resources that provide appropriate counselling related to testing;
- inform clients of the crucial need for a guarantee of confidentiality regarding test results;

- inform clients of the availability of anonymous testing, along with what disclosure regarding HIV infection and AIDS is required by law in their particular province or territory. (Details of reporting practices in place as of July, 1988 appear in *Section 2*, Appendix A, for illustration purposes only. Up-to-date information should be verified.)

Counselling

The psychosocial needs of HIV infected clients are extensive and complex, because the virus is an interrelation of medical, psychological and social factors. Further, the issues are varied and continuously changing, depending on the individual's situation and on the stage of the disease. Finally, the issues that are faced by clients might be seen as a continuum in which various needs surface during the progression of the disease.

For example, an initial diagnosis may result in the need to deal with feelings of denial, guilt and self-blame, fear of contamination, fear of dying, and the need for emotional, financial and social supports. As the disease progresses, issues that arise may include working to maintain hope, dealing with grief and the anticipation of the loss of important people, and taking care of unfinished business.

At a terminal stage in the disease the outstanding issues may become the psychosocial needs of the partner, family and friends, the biological needs of the infected person, such as pain control, dealing with death and dying and honoring the person's wishes regarding treatment decisions.

Not all infected individuals want or need counselling. Some may simply want to be informed about their condition, the prognosis, and ways of reducing the risk of further infection to themselves and others. For some individuals, a diagnosis of AIDS may bring a kind of relief from the uncertainty of having tested HIV antibody positive, or living with persistent physical symptoms. The person now knows what is to be faced and may focus on methods of survival. For others, the diagnosis may cause the same reactions of shock, fear, denial and anger that are frequently felt by people diagnosed with a life-threatening disease.

A counselling plan must address both the emotional issues as well as those pertaining to factual information gathering and concrete decision-making.

Types of Intervention

Individual and Family Counselling

Emotional as well as concrete issues and decisions can be addressed with this type of intervention. The counsellor can offer crisis emotional support, encourage the working through of feelings, help the individual, spouse or partner, and family to structure the particular issues that need to be faced and help to coordinate the community services that may be required.

Support Groups

Self-help and facilitated support groups can significantly help alleviate members' feelings of loneliness and alienation by serving to:

- facilitate communication;
- encourage a healthy lifestyle;
- provide useful information (e.g. regarding nutrition, drug therapies etc.);
- affirm feelings and alleviate anxiety;
- provide mutual emotional support;

Groups encourage an on-going communication and networking that may help individuals to deal with daily and long term goals. They may be organized for people with similar needs such as persons with AIDS, persons with HIV infection, partners, parents, family members, and those who are grieving.

Volunteer Buddies

In many communities in Canada, local AIDS organizations have successfully recruited and trained staff and volunteers to be "buddies" who interact on a one to one basis with persons with AIDS or HIV infection.

The relationship can offer the individual a rich source of emotional support and friendship as well as practical help.

Issues for the "Service Provider"

The psychological and social climate surrounding AIDS will have a significant impact on the client and service provider. Listed here are some significant issues that have been reported to arise for providers of AIDS-related services.

- Fear of contracting the disease, which can be addressed by the voluntary agency instituting appropriate precautionary measures and a program of sensitive, up-to-date education.
- Fear of one's own dying and death (especially if the infected person is in the same age group as the service provider).
- Denial of feelings of helplessness, which can serve to maintain hope for the client, but may contribute to a sense of failure, guilt, or anger in the service provider as the disease progresses.
- Lack of familiarity with or fear of homosexuality and injection drug use, which will inhibit the development of trust and empathy and severely limit counselling effectiveness.
- Over-identification with the client, which may result in the worker investing excessive amounts of time and energy in the relationship and confusing personal needs with professional responsibilities.

Training and Support

An essential component of service delivery is the provision of appropriate and on-going training and support for staff and volunteers working in this area. Such a program should include:

- up-to-date medical facts about HIV transmission and prevention, the likely course of AIDS, and treatment options;
- awareness of the medical, financial, legal and psychological resources available in the community, in order to develop a referral network and effective working relationships with these resources. These would include AIDS organizations, Hemophilia Societies, legal and spiritual resources, and other health and social service organizations; (See section 5 for resources list.)

- strategies for clarifying and coping with staff and volunteers' feelings and values about homosexuality, injection drug use, illness, dying and death that may interfere with developing an effective helping relationship;

- information, supervision, and peer group discussion about significant ethical issues that inevitably arise, such as clients' rights to confidentiality, informed consent to testing and treatment, and dealing with clients' risky behaviours that may endanger themselves and others;

- staff and volunteers may need structure and permission to share their vulnerabilities in dealing with the challenge of providing AIDS-related services. Supervision and peer groups that allow for the sharing of anxiety, fear, and a sense of helplessness are more effective means for preventing burnout than devising solutions or cures. At the same time that a supportive sense of "we-ness" may develop, there is the opportunity to collectively problem-solve, to develop and share effective intervention strategies intended to benefit the people being served.

In addition, providing AIDS-related services requires regular collaboration among medical, mental health, social service and community organizations in order to ensure that the client is served by an effective, integrated delivery system. (*Section 3* addresses some issues that a voluntary organization needs to consider in developing AIDS-related services.)

* * * * *

Cautionary Note

This manual is designed to assist organizations deal with the social service needs raised by AIDS. Health related information about AIDS is provided only to the extent that it is necessary in order to develop sound policies and appropriate social service responses.

Medical and legal facts about AIDS contained in this manual reflect the most current and accurate information available at the time of printing and have been verified with the Federal Centre for AIDS as correct. However, scientific and legal knowledge about AIDS grows almost daily, so it is best to get the most up-to-date medical and legal facts directly from appropriate sources, such as the Federal Centre for AIDS, the Canadian Public Health Association, your provincial/municipal health authority, Human Rights Commissions and other legal bodies.

USEFUL REFERENCES - SECTION 4

(from the more extensive bibliography in *Section 5*)

Helquist, M (ed.) Working with AIDS - A Resource Guide for Mental Health Professionals. University of California, San Francisco, February 1987.

Leukfeld, C.G. & Fimbres, M Responding to AIDS Psychosocial Initiatives. National Association of Social Workers, Inc., Silver Springs, MD. 1988

Namir, S. The Psychological Impact of AIDS. Testimony at the hearing of Los Angeles City/County AIDS Task Force, May 8, 1985.

Ontario Ministry of Health. AIDS and HIV Infection. Psycho-social Issues: Information for Professionals. Toronto, Ont: Queen's Printer for Ontario, 1987.35pp.

Noteworthy Canadian audio visual - from a more extensive listing in *Section 5*:

"AIDS - A Family Experience" 35 minutes, September, 1986.
Weatherstone Productions Inc.
67 Browning Avenue
Toronto, Ontario
M4K 1W1
416-461-1621

SECTION FIVE

FINDING RESOURCES

Forward

In all regions of the country AIDS-related resources are now in place and continue to be developed. The information in this section is intended to allow organizations and individuals to make links with each other in accessing information and developing programs and services. This section offers a sample of what is currently available.

The situation is changing continuously as new information, programs and services emerge. Additions and revisions in subsequent updates to this manual will reflect these changes.

We invite readers to inform us as relevant programs and services appear in particular communities.

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National Organizations

1. **Canadian AIDS Society / La Société canadienne du SIDA**
   170 Laurier Avenue West, Suite 1101
   Ottawa, Ontario
   K1P 5V5
   Tel. (613) 230-3580
   FAX (613) 563-4998
   A coalition of community based groups fighting AIDS.

2. **Canadian Council on Social Development**
   55 Parkdale Avenue
   Ottawa, Ontario
   K1Y 4G1
   (613) 728-1865

   A social policy, advocacy and research organization. Offers public education and consultation in self-help.

3. **Canadian Hearing Society**
   271 Spadina Road
   Toronto, Ontario
   M5R 2V3
   (416) 964-9595
   (416) 964-0023 TDD

   In collaboration with the AIDS Committee of Toronto (ACT) and a number of other organizations, established the Deaf Outreach Project on AIDS. Based with ACT, the project offers education, counselling, community outreach, volunteer training and the development of written and audio visual material.

   AIDS education and counselling is provided to deaf people in Toronto; consultation is offered throughout the province:

   AIDSupport Counselling Line
   (416) 926-1626 TDD

   Ontario toll free service provided by the Ontario Ministry of Health 1(800) 267-7712 TDD.

4. **Canadian Labour Congress**
2841 Riverside Drive
Ottawa, Ontario
K1V 8X7
(613) 521-3400
(613) 521-4655 (FAX)

The central labour body representing 2.2 million workers in public and private sectors across the country, organized in over 90 affiliated unions. CLC's interest in and action on AIDS is part of its concern with workplace health and safety issues and with the social and medical concerns of the whole community.

5. **Canadian Hemophilia Society**
National Office
1450 City Councillors Street, Suite 804
Montreal, Quebec
H3A 2E6
(514) 848-0503

CHS prepares and distributes information material on HIV and hemophelia, offers special education programs, refers members to hemophelia treatment centers and acts as a resource for other community groups addressing HIV/AIDS. A counselling model for working with hemopheliacs who have AIDS or are HIV positive will be available at the beginning of 1989.

6. **Canadian National Institute for the Blind**
1929 Bayview Avenue
Toronto, Ontario
M4G 4C8
(416) 480-7580

A national agency providing multidisciplined rehabilitative services to blind and visually impaired Canadians. Due to the sizeable percentage of persons with AIDS who will suffer some degree of vision loss, CNIB has established AIDS-related systems and procedures for service delivery, developed training programs for volunteers in the AIDS community and acts as a resource for other organizations in the field.

7. **Canadian Public Health Association**
AIDS Education and Awareness Program
1565 Carling Avenue, Suite 400
Ottawa, Ontario
K1Z 8R1
(613) 725-3769

The Program is a national service which assists individuals, community groups, service agencies, professionals and the public at large in the preventative approach to AIDS by improving access to necessary information and by developing and disseminating effective educational resources.

8. **Canadian Red Cross Society**
1800 Alta Vista Drive
Ottawa, Ontario
K1G 4J5
(613) 739-3000

This organization monitors the testing procedures used in blood donation clinics to ensure the safety of the blood supply, also monitors the demographics of donors with possible reactive or confirmed reactive units.

9. **Family Service Canada**
55 Parkdale Avenue
Ottawa, Ontario
K1Y 4G1
(613) 728-2463

A social policy, advocacy and research organization on issues affecting family life. Provides HIV education and consultation to the Family Service network with an emphasis on HIV counselling issues.

10. **McGill Centre for Medicine, Ethics, and Law**
2020 University, 24th Floor
Montreal, Quebec
H3A 2A5
(514) 398-7400

Undertakes research, teaching, community liaison and consultation with governments, other organizations and individuals at large on controversial issues, including the area of AIDS.

11. **Victorian Order of Nurses Canada**
5 Blackburn Avenue
Ottawa, Ontario
K1N 8A2
(613) 233-5694

A national, voluntary, non-profit organization which provides community based health and support services. Assists individuals and families to manage their health concerns and to remain independent and active in their own homes and communities. AIDS-related services include home visiting nursing, homemaking services, and volunteer visiting.

12. **YMCA Canada**
2160 Yonge Street
Toronto, Ontario
M4X 2A9
(416) 485-9447

"YMCA Canada is the national organization of 72 member associations across Canada. Its mission is:

- *to perform a leadership role in the continuing development of a strong, credible and relevant Canadian YMCA movement;*
- *to support member associations in the achievement of their mission; and,*
- *to facilitate the participation and representation of member Associations in the national and worldwide YMCA movements".*

13. **YWCA of/du Canada**
80 Gerrard Street East
Toronto, Ontario
M5B 1G6
(416) 593-9886

The YWCA of/du Canada is the national organization of more than 40 YWCAs and YM-YWCAs across Canada. The key role of the YWCA of/du Canada is to provide support services to help its members achieve quality, effectiveness and efficiency in their activities. As member associations are in the process of developing AIDS-related policies and services, the YWCA of Canada is acting as a clearinghouse to exchange information about programs, policies and services amongst its members as well as other organizations.

AIDS Community Organizations

These organizations have the following general purposes:

- To provide support services to individuals affected directly or indirectly by AIDS or HIV infection.
- To provide information, education, and awareness about HIV and AIDS-related matters.

Most of these community based organizations, run by staff and volunteers, are financially supported by various levels of government as well as by their local communities. The following services, depending on the organization's size and budget, may be available from each group listed below:

- Counselling and Referral
- Library/AV Resource Centre
- Information Telephone Line
- Speakers Bureau
- Buddy Systems
- Support Groups
- Financial Assistance
- Assistance to Community Organizations with Policy and Program Development

British Columbia

AIDS Vancouver Island
106-1175 Cook Street
Victoria, B.C.
V8V 4A1
(604) 384-4554 Information
(604) 384-2366 Business
(604) 380-9411 FAX

AIDS Vancouver
P.O. Box 4991
Vancouver Main Post Office
Vancouver, B.C.
V6B 4A6

Street Address:
1272 Richards Street
Vancouver, B.C.
V6B 3G2
(604) 687-2437 Information
(604) 687-5220 Business
(604) 687-4857 FAX

Vancouver PWA Coalition
P.O. Box 136
1215 Davie Street
Vancouver, B.C.
V6E 1N4

Street Address:
#1, Second Floor
1170 Butte Street
Vancouver, B.C.
V6E 1Z6
(604) 683-3381 Business
(604) 683-3367 FAX

Alberta

AIDS Calgary Awareness Association
#300, 1021 10th Avenue, S.W.
Calgary, Alberta
T2R 0B7
(403) 228-0198 Business
(403) 228-0155 Information
(403) 229-2077 FAX

AIDS Network of Edmonton Society
2nd Floor, 10704-108th Street
Edmonton, Alberta
T5H 3A3
(403) 424-4767 Business
(403) 429-AIDS Information
(403) 492-2253 FAX c/o Dr. L. Jewell

South Peace AIDS Council
P.O. Box 902
Grande Prairie, Alberta
T8V 3Y1
(403) 538-3380 Business
(403) 532-1550 FAX c/o Eileen MacNeill

Lethbridge AIDS Connection Society
c/o Lethbridge Health Unit
801 1st Avenue
Lethbridge, Alberta
T1J 4L5
(403) 328-8186 Business

AIDS: A Positive Co-ordinated Response Society of Jasper
P.O. Box 1090
Jasper, Alberta
T0E 1E0
(403) 852-3381 Business

Central Alberta AIDS Network Society
c/o Red Deer Health Unit
2845 Bremner Avenue
Red Deer, Alberta
T4R 1S2
(403) 341-2128 Business
(403) 346-2610 FAX

Saskatchewan

AIDS Saskatoon
P.O. Box 4062
Saskatoon, Saskatchewan
S7K 4E3

Street Address:
#309-220 3rd Avenue South
Saskatoon, Saskatchewan
S7K 1M1
(306) 242-5005 Business
1-800-667-6878 Information

AIDS Regina, Inc.
P.O. Box 432
Regina, Saskatchewan
S4P 3A2

Street Address:
2221 14th Avenue
Regina, Saskatchewan
S4P 0X9
(306) 525-0902 Business
(306) 525-0905 Information
(306) 525-0904 FAX

PLWA Network of Saskatchewan
P.O. Box 7123
Saskatoon, Saskatchewan
S7K 4J1

Street Address:
2305 Adelaide Street East
West Entrance
Saskatoon, Saskatchewan
S7J 0J6
(306) 373-7766 Business

Manitoba

Village Clinic (Winnipeg Gay Community Health Centre, Inc.)
668 Corydon Avenue
Winnipeg, Manitoba
R3M 0X7
(204) 453-0045 Business
(204) 453-2114 Information
(204) 453-5214 FAX

Ontario

AIDS Committee of Thunder Bay
P.O. Box 3586
Thunder Bay, Ontario
P7B 6E2

Street Address:
283 Bay Street
Thunder Bay, Ontario
P7B 1R7
(807) 345-1516 Business
(807) 345-7233 Information

AIDS Committee of Ottawa/Comité du SIDA d'Ottawa
201-267 Dalhousie Street
Ottawa, Ontario
K1N 7E3
(613) 238-5014 Business
(613) 238-4111 Information
(613) 238-3425 FAX

Kingston AIDS Project
P.O. Box 120
Kingston, Ontario
K7L 4V6

Street Address:
113 Johnson Street
Kingston, Ontario
K7L 1X9
(613) 545-3698 Business
(613) 545-1414 Information

AIDS Committee of Toronto
202-464 Yonge Street
Toronto, Ontario
M4Y 1W9
(416) 926-0063 Business
(416) 926-1626 Information

Prostitute's Safer Sex Project
P.O. Box 1143, Station F
Toronto, Ontario
M4Y 2T8
(416) 964-0150 Business

Casey House Hospice Inc.
9 Huntley Street
Toronto, Ontario
M4Y 2K8
(416) 962-7600 Business
(416) 962-5147 FAX

Toronto PWA Foundation
201B-464 Yonge Street
Toronto, Ontario
M4Y 1W9
(416) 925-7112 Business

AIDS Action Now!
321-517 College Street
Toronto, Ontario
M5G 1A8
(416) 944-1916 Business

Hamilton AIDS Network for Dialogue and Support (HANDS)
P.O. Box 120, Station A
Hamilton, Ontario
L8N 3C8

Street Address:
900-143 James Street South
Hamilton, Ontario
L8P 3A1
(416) 528-0854 Business
(416) 528-0537 Information

AIDS Committee of Niagara
130 Lockhart Drive
St. Catherines, Ontario
L2T 1W4
(416) 684-7271 Donna Keenan

AIDS Committee of Guelph and Wellington County
202-73 Delhi Street
Guelph, Ontario
N1E 6L9
(519) 763-2255 Business
(519) 822-6248 FAX

AIDS Committee of Cambridge, Kitchener/Waterloo and Area
886 Queens Boulevard
Kitchener, Ontario
N2M 1A9
(519) 741-8300 Business & Information
(519) 741-8812 FAX

AIDS Committee of London
304 York Street
London, Ontario
N6B 1P8
(519) 434-1601 Business and Information
(519) 434-1843 FAX

ACCESS (AIDS Committee of Sudbury/Comité du sida de Sudbury)
300-174 Larch Street
Sudbury, Ontario
P3E 1C6
(705) 688-0505 Business
(705) 688-0423 FAX

AIDS Committee of Windsor
P.O. Box 2503
Windsor, Ontario
N8Y 4S2

Street Address:
Suites 203 & 205
1586 Wyandotte Street East
Windsor, Ontario
N9A 3L2
(519) 973-0222 Business
(519) 256-AIDS Information
(519) 994-7116 FAX c/o G. Laporte

Québec

Comité sida aide Montréal (C-SAM)
3600, Hôtel-de-Ville
Montréal, Québec
H2X 3B6
(514) 282-9888 Bureau
(514) 282-0072 Télécopieur

Groupe haïtien pour la prévention du sida
8000-8ème avenue
Montréal, Québec
H1V 2V9
(514) 722-1511 ou
(514) 722-5655 Bureau

Mouvement d'information et d'entraide dans la lutte contre le sida à Québec (MIELS Québec)
575 ouest, boulevard St-Cyrille
Québec, Québec
G1S 1S6
(418) 687-4310 Bureau
(418) 687-3032 Information

Intervention régionale et information sur le sida (IRIS/Estrie)
C.P. 1766
Sherbrooke, Québec
J1H 5N8

Street Address:
135, boul. Jacques Cartier sud
Sherbrooke, Québec
J1L 2Z4
(819) 823-6704 Bureau
1-800-567-7391 Information
(819) 569-8894 Télécopieur

Chez Ma Cousine
4156 Debullion
Montréal, Québec
H2W 2E5
(514) 849-6770 Bureau

Mouvement d'information, d'éducation et d'entraide dans la lutte contre le sida (MIENS)
c.p. 723
Chicoutimi, Québec
G7H 5E1

Street Address:
387-B, rue Racine Est
Chicoutimi, Québec
G7H 5E1
(418) 693-8983 Bureau

Nova Scotia

Metro Area Committee on AIDS (MAC-AIDS)
5224 Blowers Street, Suite 206
Halifax, Nova Scotia
B3J 1J7
(902) 425-4882 Business
(902) 425-2437 Information

Nova Scotia PWA Coalition
P.O. Box 1374
Postal Station North
Halifax, Nova Scotia
B3K 5H7

Street Address:
2093 Gottingen Street
Halifax, Nova Scotia
B3K 3B2
(902) 429-7922 Business

New Brunswick

SIDA Nouveau Brunswick/AIDS New Brunswick
65 Brunswick Street
Fredericton, New Brunswick
E3B 1G5
(506) 450-2782 or
(506) 450-2620 Business
(506) 459-7518 or
1-800-561-4009 Information
(506) 453-1723 FAX

SIDA-AIDS Moncton
P.O. Box 275
Moncton, New Brunswick
E1C 8K9

Street Address:
100 Arden Street, Suite 427
Professional Arts Building
Moncton, New Brunswick
E1C 4B7
(506) 859-9616 Business

Newfoundland

Newfoundland and Labrador AIDS Committee
P.O. Box 626, Station "C"
St. John's, Newfoundland
A1C 5K8
(709) 579-8656 Business

Government Organizations

Federal Centre for AIDS (FCA)
Health Protection Branch, Health and Welfare Canada
301 Elgin Street, 2nd Floor
Ottawa, Ontario
K1A 0L2
(613) 957-1772

FCA coordinates all federal government activities with respect to the promotion of public education programs, as well as the coordination of preventive and social health activities. The FCA also promotes clinical trials of drugs and vaccines; stimulates and encourages epidemiological studies together with the maintenance and improvement of national surveillance. Coordination of funding research and community-based support groups, together with the provision of information services provides another important activity of the Centre. The establishment and maintenance of liaison with all governmental and non-governmental organizations is a key activity. Collaboration with the World Health Organization (WHO) Global program of AIDS and other international agencies, together with liaison with other national organizations completes the spectrum of overall activities.

Provincial Ministries of Health

Most provincial Ministries of Health have special AIDS programs which may provide:

- public information and education
- information materials - publications and audio-visuals
- current epidemiological information
- program funding
- coordination of programming
- counselling and referral services

These programs operate in concert with ongoing Ministry of Health programs, such as Sexually Transmitted Diseases Clinics, as well as with local/ regional departments/boards of health.

British Columbia

British Columbia Ministry of Health
B.C. Centre for Disease Control
828 West 10th Avenue
Vancouver, B.C.
V5Z 1L8
B.C. AIDS Info lines:
Throughout B.C.: 1-800-972-2437
Vancouver: (604) 872-6652

Alberta

Alberta Provincial AIDS Health Program
7th Floor
10030-107th Street
Edmonton, Alberta
T5J 3E4
Edmonton: (403) 427-0836
Throughout Alberta: 1-800-772-AIDS

Saskatchewan

Saskatchewan Health
AIDS Coordinator
Department of Health
Provinciai Lab. Building
3211 Albert Street
Regina, Saskatchewan
S4S 5W6
(306) 787-3148

Manitoba

Communicable Disease Control
3rd. Floor, 800 Portage Avenue
Winnipeg, Manitoba
R3G 0N4
(204) 945-6839
AIDS Infoline Winnipeg:(204) 945-AIDS
Throughout Manitoba: 1-800-782-AIDS

Ontario

Ontario Ministry of Health/Toronto Public Health Department
Toronto: (416) 392-AIDS
Ottawa: (613) 563-AIDS
French Line: (613) 563-SIDA
Throughout Ontario: 1-800-267-7432
Throughout Ontario: 1-800-668-2437

AIDS Section - Public Health Branch
Public Health Branch
5th Floor, 15 Overlea Blvd.
Toronto, Ontario
M4H 1A9
(416) 965-2168
Toll Free: 1-800-268-6066

Health Information Centre
Communication Centre
Ontario Ministry of Health
9th Floor, Hepburn Block
Queen's Park
Toronto, Ontario
M7A 1S2
(416) 965-3103
1-800-268-1153

Québec

Ministère de la santé et des services sociaux
1075, chemin Ste-Foy
Québec, Québec
G1F 2M1
(418) 643-6390
AIDS info line: 1-800-463-5656

Nova Scotia

Department of Health and Fitness
Community Health Services
P.O. Box 488
Halifax, Nova Scotia
B3J 2R8
(902) 424-8698 Dr. John LeBlanc

New Brunswick

AIDS New Brunswick/SIDA Nouveau Brunswick
Victoria Health Centre
65 Brunswick Street
Fredericton, New Brunswick
E3B 1G5
(506) 459-7518

Newfoundland

Department of Health
West Block Confederation Building
P.O. Box 8700
St. John's, Newfoundland
A1B 4J6
(709) 576-3430
(709) 576-5299

Prince Edward Island

Department of Health and Social Services
16 Fitzroy Street, 3rd Floor
P.O. Box 2000
Sullivan Building
Charlottetown, Prince Edward Island
C1A 7N8
(902) 368-4965
(902) 368-4720

Yukon

Health and Welfare Canada
Medical Services Branch
Yukon Region
No.2 Hospital Road
Whitehorse, Yukon
Y1A 3H8
(403) 668-6461
(403) 668-7830

North West Territories

North West Territories AIDS Program
Department of Health
Government of Northwest Territories
Box 1320
Yellowknife, N.W.T.
X1A 2R3
(403) 920-3322 Business
AIDS Info Line Yellowknife: (403) 873-7017
Throughout N.W.T.: 1-800-661-0795

Human Rights Commisions

Canadian Human Rights Commission
320 Queen Street
Place de Ville, Tower A
Ottawa, Ontario
K1A 1E1
(613) 995-1151

The Commission administers the Canadian Human Rights Act, which prohibits discrimination in employment and in the provision of goods and services in sectors under federal jurisdiction. The Commission takes complaints from people claiming discrimination because they are infected with HIV as well as those who are not infected but claim discrimination because they are associated with an infected person, or belong to groups regarded as vulnerable to HIV infection.

Provincial Human Rights Commissions undertake to reduce discriminatory practices and to promote equal opportunity in their provinces. The jurisdiction of each Commission varies from province to province.

British Columbia

British Columbia Human Rights Council
Ministry of Labour
Parliament Buildings
Victoria, B.C.
V8V 1X4
(604) 389-3877

Alberta

Alberta Human Rights Commission
Room 801
10011-109th Street
Edmonton, Alberta
T5J 3F8
(403) 427-3116

Saskatchewan

Saskatchewan Human Rights Commission
Suite 802
Canterbury Towers
224-4th Avenue South
Saskatoon, Saskatchewan
S7K 2H6
(306) 933-5952

Manitoba

Manitoba Human Rights Commission
301-259 Portage Avenue
Winnipeg, Manitoba
R3B 2A9
(204) 945-3007

Ontario

Human Rights Commission
400 University Avenue
Toronto, Ontario
M7A 2R9
(416) 965-6841

Québec

Commission des droits de la personne du Québec
360, rue Saint-Jacques
Mezzanine
Montréal, Québec
H2Y 1P5
(514) 873-5146

New Brunswick

New Brunswick Human Rights Commission
P.O. Box 6000
Fredericton, New Brunswick
E3B 5H1
(506) 453-2301

Nova Scotia

Nova Scotia Human Rights Commission
P.O. Box 2221
Lord Nelson Arcade
Halifax, Nova Scotia
B3J 3C4
(902) 424-4111

Prince Edward Island

Prince Edward Island Human Rights Commission
P.O. Box 2000
3 Queen Street
Charlottetown, P.E.I.
C1A 7N8
(902) 368-4180

Newfoundland

Newfoundland Human Rights Commission
c/o Department of Justice
P.O. Box 8700
St. John's, Newfoundland
A1B 4J6
(709) 576-2709

North West Territories

Government of the North West Territories
Yellowknife, N.W.T.
X1A 2L9
(403) 873-7486

Yukon

Yukon Human Rights Commission
205 Rogers Street
Whitehorse, Yukon
Y1A 1X1
(403) 667-6226

Printed & Audio Visual Materials

The following is a selected listing of resource materials. More extensive bibliographies are available from the Canadian Public Health Association's Data Base and the Federal Centre for AIDS' Clearing House.

Bibliographies & Resource Directories

1. Abrams, Estelle J., **AIDS Bibliography**. Vol. 1, No.1, January 1988 - March 1988, 987 Citations. Bethesda, Maryland: U.S. Department of Health and Human Services. Public Health Service, National Institutes of Health, 1987.

   A quarterly bibliography produced by the U.S. Department of Health. Journal articles are grouped under seven broad subject areas, listed alphabetically by author within each area:

   A. Clinical Aspects
   B. Virology
   C. Epidemiology
   D. Blood and Blood Products
   E. Health Policy, Public Health, Ethics, Legislation
   F. Psychosocial Aspects
   G. Other

   Also lists books, arranged alphabetically by main entry.

2. Halleron, Trish A. and Janet I. Pisaneschi, **AIDS Information Resources Directory**. American Foundation for AIDS Research, New York, New York, 1988.

   This directory is a compilation of approximately 1100 educational and informational materials concerning AIDS, AIDS-related illnesses, and HIV infection. It describes brochures, pamphlets, videotapes, curricula, posters, books, manuals, government reports, and other resource documents. It is intended to serve as a reference for educators, service providers, program managers, policy makers, and other individuals interested in learning about educational and informational materials on AIDS and its related illnesses.

3. Hubrich, Denis J. and Donald W. McLeod, **Psychosocial Dimensions of HIV and AIDS: A Selected Annotated Bibliography**. Federal Centre for AIDS, Health and Welfare Canada, Ottawa, 1988.

   This annotated bibliography focuses on a range of personal, social, and ethical issues, which affect professionals and caregivers, as well as people who are at risk for AIDS or are infected with HIV.

   Available form The Federal Centre for AIDS.

4. Lavkulich, Joanne. **AIDS and the Workplace: Selected Bibliography of Books**. Library Services Branch, Alberta Department of Community and Occupational Health, Edmonton, Alberta, 1988.

   This bibliography contains works on AIDS and the workplace, as it relates to issues of providing a safe work environment both for the workers with AIDS and for those who work with them. It also addresses concerns of health-care workers who work in environments in which AIDS could be transmitted. Most of the entries are from journal literature although some bibliographies and books have been included.

5. San Francisco AIDS Foundation. **AIDS Educator**.
   333 Valencia Street
   P.O. Box 6182
   San Francisco, California
   94101-6182
   (415) 861-3387

   Catalogues of materials developed by health educators and counsellors in the field. Items include:

   - *Training Materials*
   - *AIDS in the workplace*
   - *Educational Campaigns*
   - *Alcohol*
   - *Drugs*
   - *Needle use*

Selected Readings

Most readings in this list have been selected from the bibliography prepared by Dennis Hubrich and Donald McLeod, listed under Bibliographies/Resource Directories, Part Four A of this section. Those not included in this bibliography are noted with an *.

1. Aids Project Los Angeles (APLA). **AIDS: A Self-Care Manaal**. Edited by BettyClare Moffatt, Judith Spiegel, Steve Parrish, and Michael Helquist. Santa Monica, CA: IBS Press, 1987.

   A manual for anyone concerned about contracting AIDS and for people who have ARC or AIDS. Provides a basic outline of HIV and AIDS, and discusses socio-psychological perspectives, medical perspectives, therapeutic treatments, sexual practices, and self-care. Examines financial and legal matters for people with AIDS, as well as spirituality and holistic healing. Includes a glossary of terms and appendices on AIDS-related organizations and hotlines, resource materials, and self-care forms and charts.

2. Bennett, Jo Anne. "Nurses talk about the challenge of AIDS". **American Journal of Nursing.** v.87 n.9 (Sept. 1987): 1150-55.

   A discussion by nine nurses attending an AIDS conference in Washington, DC, about their collective anxieties, anger, and happiness regarding work with AIDS patients. Their concerns point to a need for on-going education, and support programs for nurses.

3. Buckingham, Stephan L. and Rehm, Susan J. "AIDS and women at risk". **Health and Social Work.** v.12 n.1 (Winter 1987): 5-11.

   Outlines the physical and psychosocial problems faced by women with AIDS. Includes case studies and discusses implications for social work. 15 references.

4.* Canadian Bar Association of Ontario. **Report of the AIDS Committee**, April, 1986.
(416) 869-1047

Within the Ontario legal context, analyzes such issues as compulsory HIV testing, the rights of insurance companies, confidentiality concerns and human rights issues.

5. Christ, Grace H., and Wiener, Lori S. "Psychosocial issues in AIDS". **AIDS: Etiology, Diagnosis, Treatment, and Prevention,** pp. 275-97.
Edited by Vincent T. DeVita, Samuel Hellman, and Steven A. Rosenberg. Philadelphia: J.B. Lippincott, 1985.

A comprehensive examination of psychosocial issues faced by people with AIDS, their friends and families. Includes discussion of the stress of diagnosis, physiological manifestations of AIDS, AIDS treatments, and emotional reactions of AIDS patients, their families, and health care providers. Outlines a psychosocial intervention model developed by the Social Work Department at Memorial Sloan-Kettering Cancer Center. Concludes with a discussion of the response of community and health care institutions to AIDS and future directions for health care. 21 references.

6. Delaney, Martin; Goldblum, Peter and Brewer, Joe. **Strategies for Survival: A Gay Men's Health Manual for the Age of AIDS.** New York: St. Martin's Press, 1987. 320pp.

A comprehensive guide on holistic self-help strategies for gay men. Includes discussions on improvement of biological, social, spiritual, and psychological health. Includes appendices on community services and resource material.

7. Friedmann, Samuel R. AIDS and self-organization among intravenous drug users. **The International Journal of the Addictions**. v.22 n.3 (Mar. 1987): 201-19.

Studies risk-reducing behaviour among intravenous drug users. Suggests that collective self-organization can lead to peer support for risk reduction, which in turn can help intravenous drug users to reduce their risks on an on-going basis. Difficulties of self-organization are discussed. 42 references.

8.* Helquist, M. (ed.) **Working with AIDS - A Resource Guide for Mental Health Professionals**. University of California, San Francisco, February, 1987.

9. "Human immunodeficiency virus (HIV) infection -- contact recommendations." **Canada Diseases Weekly Report.** v.13 n.4 (Jan. 1987): 13-14.

Outlines recommendations for testing and contact tracing from the National Advisory Committee on AIDS. Suggests three situations where contact tracing should be employed, based on the premise that unsuspecting seropositive individuals have the right to know they have been exposed to HIV. 2 references.

10.* Insler, Micheal, S. (M.D.) Editor. **AIDS and Other Sexually Transmitted Diseases and the Eye**. Grune and Statton, Inc., 1987.

11. Jackson, M.M., Lynch, P., McPherson, S.C., et al. "Why not treat all body substances as infectious?" **American Journal of Nursing**. v.87, no.9: 1137-1139.

12.* Leukefeld, Carl G. and Fimbres, Manuel. **Responding to AIDS: psychosocial initiatives.** National Association of Social Workers, Silver Spring, Maryland, USA. 1987.

The overall objective of this volume is:

- *To identify what is known about the psychosocial issues accompanying AIDS and ARC;*
- *To discuss professional roles required to meet the psychosocial needs of individuals, families and communities and the training requirements to fill these roles;*
- *To identify which services are needed and how they should be delivered, as well as the implications for delivering social policies.*

13.* **LCDC Recommedations for Prevention of HIV Transmission in Health-Care Settings** (Supplement). CDWR 1987; 1353: 1-10.

14.* **LCDC. Update: Universal Precautions for Prevention of Transmission of HIV, etc. in Health Care Settings.** CDWR 1988; 14: 117-124.

15. Miller, David. **Living With AIDS and HIV.** London: Macmillan, 1987. 196pp.

Provides information and suggestions for people with HIV, PGL, or AIDS, and their caregivers. Outlines the basics of HIV and discusses strategies for psychological adjustment to deal with the initial shock following diagnosis. Suggests how to deal with work, sex, health, finances, relationships with friends and lovers, and religious issues.

16. Moffatt, BettyClare. **When Somebody You Love Has AIDS: A Book of Hope for Family and Friends.** New York: NAL Penguin, 1987.

An account of a mother's personal experience with a son who had AIDS. Includes accounts of other persons with AIDS, their coping strategies, and the reactions of their friends and families to the disease. Discusses practical strategies for physical and psychological health maintenance and alternative treatments for AIDS. Includes a bibliography and a list of resource centres.

17.* Namir, S. **The Psychological Impact of AIDS.** Testimony at the hearing of Los Angeles City/County, AIDS Task Force, May 8, 1985.

18. Ontario Ministry of Health. **AIDS and HIV Infection. Psycho-social Issues: Information for Professionals.** Toronto, Ont.: Queen's Printer for Ontario, 1987.

A booklet prepared to help professionals recognize and respond to the special psychosocial needs created by AIDS and related conditions. Includes discussions of psychosocial assessment, counselling, sexuality, and AIDS risk reduction strategies. Includes a list of resources and bibliography.

19.* Pattan, Cindy and Kelly, Janis. **Making It. A Woman's Guide to Sex in the Age of AIDS.** Ithaca, New York, Firebrand Books, 1987. Available in English and Spanish.

20. Peabody, Barbara. **The Screaming Room: A Mother's Journal of Her Son's Struggle with AIDS. A True Story of Love, Dedication and Courage.** San Diego, California: Oak Tree Publications, 1986.
An account of a mother's experiences in caring for her son from the time of his diagnosis with AIDS until his death.

21. Richardson, Diane. **Women and the AIDS Crisis.** London: Pandora Press, 1987.

A book for women who are concerned about AIDS. Includes epidemiological and transmission information and chapters on women who have AIDS, lesbians and AIDS, safer sex techniques, how to live with and care for people with AIDS, and AIDS education and social service policies in London. Includes a brief bibliography and a list of (mostly British) AIDS support resources.

22.* Royal Society of Canada, **AIDS - A Perspective for Canadians. Summary Report and Recommendations; Background Papers**. Royal Society of Canada, 1988. (Summary Report - English and French - 69pgs. Background Reports - English with French abstracts - 404 pgs.)

The background paper by Martha MacKinnon et. al. "Legal and Social Aspects of AIDS in Canada" (pgs. 347-407) provides chapters on the following AIDS-related topics: legal framework; testing; confidentiality; discrimination; detention; social support; AIDS in the workplace and education.

23. Schatz, Benjamin. "The AIDS insurance crisis: underwriting or overreaching?" **Harvard Law Review.** v.100 (May 1987): 1782-1895.

An overview of AIDS-related insurance underwriting. Analyzes the legal and public policy implications of underwriting on the basis of sexual orientation and examines the debate over insurer use of the HIV antibody test. Concludes that financial concerns of the insurance industry do not outweigh the social, medical, and moral costs of discrimination on the basis of sexual orientation or HIV antibody testing. 128 references.

24. Stapleton, Dan. "AIDS: psychosocial dimensions." **Canadian Family Physician.** v.32 (Nov. 1986): 2510-18.

Outlines the particular problems faced by homosexual men who have AIDS, such as disclosure of sexual orientation to family and friends. Discusses psychosocial aspects of AIDS, including reactions to diagnosis, the stigma of AIDS, issues for gay men with AIDS, support networks, issues for patients in hospital, preparing for disability and death, and community support. 19 references and 2 appendices (including a list of AIDS groups in Canada).

25. Sunderland, Ronald H. and Shelp, Earl E. **AIDS: A Manual for Pastoral Care.** Philadelphia: Westminister Press, 1987.

Discusses ways of confronting the reality of AIDS. Examines psychosocial issues, grief recognition and response, and pastoral care for people with AIDS, their friends, families, caregivers, and the community at large. Outlines ethical issues and provides three case studies, with suggestions for appropriate pastoral intervention. Includes chapter references.

26. Thalenberg, Eileen and Knudtson, Peter. **David Suzuki Talks About AIDS.** Toronto: General Paperbacks, 1987.

Bibliographie

1. Barre-Sinoussi, F., Shermann, J.C. et Rosenbaum, W. **Le SIDA en question**. Paris. Plon. 1984. 131 p.

2. Bertrand, Francois et Schaller, Christian. **SIDA espoir**. Genève. Fondation Soleil. 1987. 55 p.

3. Blouin, C.D., Chimot, E. et Launère, J. **SIDA Story**. Paris. Éd. universitaires. 1986. 180 p.

4. Cassuto, J.P., Pesce, A. et Quaranto, J-F. **Le SIDA "que sais-je?"** Paris. Presses universitaires de France. 1986. 122 p.

5. Dreuilhe, A.E. **Corps à corps**. Paris. Gallimard/Lacombe. 1987. 210 p.

6. Girard, R. **SIDA : Tristes chimères**. Paris. Grasset. 1987. 283 p.

7. Henrion, R. **Les femmes et le SIDA**. Paris. Flammarion. 1988. 165 p.

8. Heuitt, J. et Dolivo, M. **Les maladies sexuellement transmissibles**. Paris. Hermann. 1987. 109 p.

9. Hirsch, E. **Le SIDA : Rumeurs et faits**. Paris. Ed. du Cerf. 1987 210 p.

10. The Institute for the Advanced Study of Human Sexuality. **Contacts sexuels sans risques**. Montréal. Éd. de l'Homme. 1987. 65 p.

11. Lamontaigne, E. **SIDA**. Montréal. Leméac, 1986. 137 p.

12. Leibowitch, J. **Un Virus étrange venu d'ailleurs**. Paris. Grasset. 1984. 220 p.

13. Montagnier, L. **Vaincre le SIDA**. Paris. Éd. canadiennes. 1986. 188 p.

14. Morisset, R. et Delage, J. **Le SIDA: Fléau réel or fictif**. Montréal. La Presse. 1986. 179 p.

15. Parody, J. **Mon combat contre le SIDA**. Montréal. Éd. de l'Époque. 1987. 233 p.

16. Puyre, J.C. **Tout ce que vous devez savoir sur le SIDA**. Montréal. Ed. Québécor. 1985. 94 p.

17. Rozenbaum, W., Seux, D. et Kouchnier, A. **SIDA : Réalités et Fantasmes**. Paris. Éd. P.O.L. 1984. 168p.

18. Simonin, M. **Danger de vie**. Paris. Garamont. 1986. 306 p.

19. Simonton, Carl, Mathews-Simonton, Stéphanie et Creighton, James. **Guérir envers et contre tout**. Paris. Éd. E.P.I. 1982. 335 p.

Selected Audio Visuals

There is a large selection of audio visual materials available. These can be accessed through various organizations, including:

- **The Canadian Public Health Association** (613) 725-3769
- **Ontario Public Education Panel on AIDs** (416) 965-2168 (OPEPA) Toll Free: 1-800-268-6066
- **TV Ontario** (Educational Services) (416) 484-2665
  Also offers workshops to teachers and public health nurses regarding teaching about AIDS. A workshop for parents is also available regarding how to talk with their children about AIDS, and to inform them about AIDS curricula in the schools. Workshop information line: (416) 484-2600.
- **Local AIDS committees**
- **Local public health units**

Listed here is a small sample of what is available:

1. **Facts About AIDS** (18 minutes) (1988)

   Suggested Audience: General

   Content: *The presentation focuses on the fact that anyone can get AIDS. It includes information on how AIDS is caused, how it is spread, and how to prevent the spread of AIDS. An update of "AIDS: The Facts, The Future", it is also narrated by David Suzuki.*

   Available in slide/tape and video formats in English & French.

   Distributor: Mr. Ron Rankine
   Ryerson Polytechnical Institute
   350 Victoria Street
   Toronto, Ontario
   M5B 2K3
   (416) 979-5143

2. **AIDS: A family experience** (35 minutes) (1986) Weatherstone Productions

Suggested Audience: Persons with AIDS, their families and friends; professionals working with persons with AIDS.

Content: *The video presents Don and his family as they cope with the illness of AIDS, impending death, homosexuality, and the real or perceived stigma involved. Palliative care, home care, and medical professionals are interviewed, supporting the experiences of the family.*

Winner of the Golden Sheaf award (1986) - Health/Medicine

Distributor: Mr. Robin Weatherstone
Weatherstone Productions
67 Browning Avenue
Toronto, Ontario
N4W 1W1
(416) 461-1621

3. **An Epidemic of Fear: Aids in the Workplace** (23 minutes) (1986, 1987 update, San Francisco AIDS Foundation)

Content: *Produced by the San Francisco AIDS Foundation in association with Pacific Bell and a number of large US companies, the video provides a good overview of AIDS, HIV transmission etc. in the context of a workplace setting, addressing the fears people have of working with PWAs and their rights and needs as workers. Interviews with PWAs show the different reactions of employers faced with an employee with AIDS, from acceptance and support to rejection and dismissal. A good video for communicating the basic facts and for pointing out the need for comprehensive AIDS policies in all workplaces.*

Distributor: Kinetic Films Inc.
408 Dundas Street East
Toronto, Ontario
M5A 2A5
(416) 963-5979

4. **AIDS: The Workplace Facts** (22 minutes) (1988)

Suggested Audience: Managers and employees in public or private workplace settings.

Content: *Video addresses the issues and concerns of dealing with the topic of AIDS and the workplace setting. Facts are presented by key Canadian experts.*

Distributor: Canadian Public Health Association

5. **Sex, Drugs, and AIDS** (19 minutes)

Suggested Audience: High School, university and college students.

Content: *Narrated by Rae Dawn Chong, the video presents information about AIDS including how young people can protect themselves. Specifically designed for young people, the video is useful for discussion purposes.*

Distributor: Mobius International Productions
290 Palmerston Avenue
Toronto, Ontario
M6J 2J4
(416) 964-8484
FAX: 1-416-964-8680

6. **The Subject is AIDS** (19 minutes)

Suggested Audience: High School, university and college students.

Content: *Revised version of Sex, Drugs and AIDS with an emphasis on abstinence.*

Distributor: Mobius International Productions (see above)

7. **Psychosocial Interventions in AIDS** (25 minutes)

Suggested Audiences: Health Care Workers, Social Service Professionals

Content: *The video clarifies the complex interrelationship among the medical, psychological and social challenges that affect persons with AIDS.*

Distributor: Carle Medical Communications
611 West Park
Urbana, IL 61801
U.S.A.
(217) 384-4838

8. **Overcoming Irrational Fear of AIDS** (22 minutes) (1986). Carle Medical Communications.

Content: *A valuable tool for in-service education of health care providers. It focuses on the fear of contagion and emotional reactions experienced by workers caring for PWAs. The video records an in-service program led by a psychologist, Dr. Arthur Lange. The session cuts to enactments of hospital scenes that illustrate the emotions discussed by the in-service participants. This video has received an enthusiastic response from borrowers and comes with a discussion leader's manual.*

Distributor: Ontario Hospital Association, Library of Educational Services

9. **Too Little, Too Late** (48 minutes) (1987). Fanlight Productions.

Content: *Features Barbara Peabody, author of "The Screaming Room". Isolated and often shunned, the families of people who have died with AIDS share their pain and frustration as well as the solace they have derived helping a loved one achieve a peaceful death.*

Distributor: Canadian Learning Company

10. **Suzi's Story** (45 minutes) (1987)

Suggested Audience: General

Content: *The video presents the story of Suzi and her family as they cope with AIDS in its final stages. Excellent for sensitizing an audience to a wide variety of issues related to AIDS.*

French Language Audio Visuals

Liste de vidéos en français du Comité SIDA AIDE Montréal

(Les vidéos les plus fortement recommandés par le Comité SIDA AIDE Montréal sont accompagnés d'un astérisque.)

1.* Titre: **Médecine apprivoisée: SIDA**

producteur: Les productions CEFEM/CP 1177,
Trois-Rivières (Québec)
G9A 5K8

sujet: *Aspects biomédicaux et psychosociaux*
durée: 26:30 minutes
année: 1987
quantité: 4
filière: #1A, 1B, 1C, 1D

2. Titre: **Par le Dr Luc Montagnier, Michel Boujenah (Psychologue)**

producteur: Ministère de l'éducation nationale,
Centre national de documentation pédagogique

sujet: *Tribune (ligne d'écoute télévisée sur le SIDA)*
durée: 5 minutes
année:
quantité: 1
filière: #2

3. Titre: **SIDA L'Épidémie**

producteur: ALS (Association de lutte contre le SIDA) #43-29-62-29,BP 8044, 69352, Lyon

sujet: *Documentaire sur le SIDA*
durée: 12 minutes
année:
quantité: 1
filière: #3

4. Titre: **AIDES**

producteur: AIDES, BP 759, 75123, Paris, Cédex 03, tél. #1-42-77-12-23

sujet: *Annonces publicitaires sur la transmission du virus (condom, seringue,...)*
durée:
année:
quantité: 1
filière: #4

5. Titre: **SIDA: L'amour avec un grand A**

producteur: Télémétropole Productions Inc. (Janette Bertrand)

sujet: *Fiction: première et deuxième partie du film*
durée: 4 heures
année: 1987
quantité: 1
filière: #5A & 5B

6.* Titre: **Jacques et Johanne de Montigny, Témoignages**

producteur: CSAM, Comité SIDA AIDE Montréal, (514) 282-9888

sujet: *Témoignage d'une personne atteinte : première partie*
durée: 30 minutes
année: 1987
quantité: 1
filière: #6

7. Titre: **Jacques et Johanne de Montigny, Témoignages**

producteur: CSAM, Comité SIDA AIDE Montréal, (514) 282-9888

sujet: *Témoignage d'une personne atteinte : deuxième partie*
durée: 30 minutes
année: 1987
quantité: 1
filière: #7

8. Titre: **Seul, isolé des autres**

producteur: Télévision Quatre Saisons, Zenith Productions Ltd.

sujet: *Fiction (film)*
durée: 60 minutes
année: 1987
quantité: 1
filière: #8

9. Titre: **Syndrome imunodéficience acquise**

producteur: Hôpital de Chicoutimi

sujet: *Pour les travailleurs de la santé*
durée: 53:50 minutes
année:
quantité: 1
filière: #9

10. Titre: **Alerte au SIDA**

producteur: Télémétropole Productions Inc.

sujet: *Reportage*
durée: 60 minutes
année: 1987
quantité: 1
filière: #10

11. Titre: **Réseau Présence**

producteur: Téléconcept Mtl. Inc.

sujet:

durée: 15:30 minutes
année: avril 1988
Quantité: 1
filière: #11

12. Titre: **SIDA : S'informer, c'est se protéger**

producteur: Radio-Canada CBC Enterprises

sujet: *Documentaire de David Suzuki*
durée: 60 minutes
année: 1987
quantité: 2
filière: #12A, 12B

13. Titre: **Parler pour parler**

producteur: Radio-Québec (Janette Bertrand)

sujet: *Forum sur les MTS (herpès, SIDA,...)*
durée: 60 minutes
année: 1987
quantité: 1
filière: #13

14. Titre: **Le Point**

producteur: Télémétropole Productions Inc.

sujet: *Prévention (Grande-Bretagne, Suisse, É.-U.) et forum*
durée: 15 minutes
année: 1987
quantité: 1
filière: #13

15.* Titre: **D'importance capitale**

producteur: Télévision Quatre Saisons

sujet: *Témoignage de Jacques Raymond*
durée: 30 minutes
année: 1987
quantité: 1
filière: #13

AIDS: A Guide for Voluntary Human Service Organizations
March, 1990

EVALUATION FORM

This Guide was developed to help human service organizations better meet the challenges created by AIDS. Your feedback is essential for us to be able to assess how well the Guide served you in this regard. Please take a few moments to complete this quick-response evaluation questionnaire.

I. GENERAL ASSESSMENT

Overall, please indicate how you found the Guide in respect to your organization:

	Very Useful		Useful		Not Useful
1) Usefulness	1	2	3	4	5
	Very Complicated		**Just Right**		**Too Simple**
2) Language	1	2	3	4	5
	Too Long		**Just Right**		**Too Short**
3) Length	1	2	3	4	5
	Too Detailed		**Just Right**		**Not Enough Detail**
4) Information	1	2	3	4	5

II. SECTIONS

How did you find each section of the Guide in relation to the needs of your organization?

	Very Useful		Useful		Not Useful
Section One:					
5) The Implications of AIDS on Human Services	1	2	3	4	5
Section Two:					
6) Developing Internal Policies	1	2	3	4	5
Section Three:					
7) Developing AIDS-Related Services	1	2	3	4	5
Section Four:					
8) Considering Care and Support Issues	1	2	3	4	5
Section Five:					
9) List of Organizations	1	2	3	4	5
10) Bibliography	1	2	3	4	5
11) Audio-Visual List	1	2	3	4	5

(see other side)

III. USERS

Please indicate which of the following types of people in your organization used the Guide: (Check as many boxes as apply)

12) Staff with policy responsibilities ☐

13) Volunteers with policy responsibilities ☐

14) Staff with human service delivery responsibilities ☐

15) Volunteers with human service delivery responsibilities ☐

IV. PROFILE OF YOUR ORGANIZATION

Please indicate which of the following descriptions best fits your organization: (Check one box only)

16) United Way/Centraide member agency ☐

17) Other voluntary human service agency ☐

18) Government Department or Agency ☐

19) Hospital or Health Centre ☐

20) Other (Specify:_____) ☐

V. COMMENTS

21) Please indicate any suggestions you may have about how to improve the Guide:

VI. OPTIONAL

22) Completed by: _____

Name: _____

Position: _____

Organization: _____

Address: _____

City: _____ Province _____ Postal Code _____

Tel. No. _____ FAX _____

Please return this form by FAX or by mail to:

United Way/Centraide Canada
600 - 150 Kent
OTTAWA, Ontario
K1P 5P4
(613)236-7041 or FAX (613)236-3087

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